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The Canadian Medical Review

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No. 1.

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VOL. V.

TORONTO, JANUARY, 1897.

No. 1

Original Communications.

The Physiology of Nervous Exhaustion.*

BY D. CAMPBELL MEYERS, M.D., TORONTO.

As cases of neurasthenia are exceedingly common, from the mental over-exertion due to the age in which we live, and since this disease has only of recent years found even a place in the text books of general medicine, I thought a few remarks on its physiological causes might be of some interest to the society. Only a few years since, the alterations of nerve tissue which led to neurasthenia were absolutely unknown, but the frequency and importance of the disease has led investigators to search for an anatomical cause of its origin, and already a considerable advance has been made. Apart, however, from this disease itself, both physiologists and philosophers have long sought to demonstrate the relation between intellectual effort and alteration of brain tissue and to induce a parallelism in the action of both. The magnitude of the task is very great, and naturally requires much time. Nevertheless, a decided increase in our knowledge

* Read at meeting of Toronto Clinical Society.

of the brain cortex has recently been obtained, especially from the improved methods of staining nerve tissue, and, along with this, experiments on animals have done much to lessen the difficulties of the task, and to help us to form a more definite idea of the cause of so-called functional nervous diseases. One of the most frequent causes of neurasthenia is continued mental over-exertion, however brought about, and from this cause one sees cases develop varying in intensity from the simplest form of this affection to absolute insanity. An examination of the primary factors leads us in the first place to consider the two most important causes, viz., hyperæmia and changes in cell structure. That hyperæmia always exists with mental exertion is proven by the use of a thermometer. If, for example, a suitable thermometer be applied to the temple of an individual who is at perfect mental rest, and a note of it taken, and then the individual be asked to solve some difficult mental problem, the thermometer will at once show a decided increase in temperature, and the increase will be greater on the left side of the brain should the patient be right-handed. And farther, it has also been found that the brain will bulge through an opening in the skull during mental action and recede as the stimulus is withdrawn. Hence there can be no doubt that hyperæmia of the superior surface of the brain occurs in direct relation to psychical activity. Now the first question to consider is, how is this hyperæmia induced? Two factors have been proved to exist which must favor this condition; first, a *general* increase of blood pressure during psychical activity; second, the manner in which the greater veins of the pia enter the longitudinal sinus, since these are directed in an opposite course to that in which the blood in the sinus flows. Hence the latter would tend to retard the venous flow, and both acting together would favor the rapid production of hyperæmia. Moreover, the researches of Langendorf and Gescheidlen appear conclusive that the reaction of normal brain tissue is alkaline, but that it becomes rapidly acid under certain conditions. Acting on this conclusion, an acid brain filtrate was introduced into the cerebral circulation with the result that a cerebral hyperæmia was immediately produced. The result of this experiment would indicate that the products of cerebral metabolism, being absorbed by the lymph which bathes the walls of the vessels, possessed the power of causing variations in calibre of these vessels, consequently of causing prolonged hyperæmia, where the metabolism had been too active. It might farther be stated in this respect that Mosso has clearly shown that fatigue caused by *psychical* action produces a poisonous effect on the general but more especially on the muscular system.

Having now discussed the causes of hyperæmia, there remains for consideration the changes in cell structure, and these have been demonstrated in a remarkable and most interesting manner by the researches of Hodge. This observer found that the metabolic changes in nerve cells could be seen quite as distinctly under the microscope as those changes occurring in gland cells (for example, the salivary glands), and farther, that these were always of the same character. He examined animals, birds and bees. For the former he used electrical stimulation, and for the latter the observations were conducted from a standpoint of normal fatigue. For the electrical stimulation he exposed a posterior nerve connected with a spinal ganglion, and after the nerve had been acted on for a certain time, the animal was killed and the ganglion removed, together with its unstimulated fellow of the opposite side, and both were then treated identically the same for microscopical examination. Birds and bees were examined by taking a specimen from the brain early in the morning before any labor was done, and another from the brain of the same genus in the evening after the day's work was over, treating each in exactly the same manner for mounting. In all instances changes were found in the nerve cells, and, moreover, those changes were always the same. The nucleus is most markedly affected and in this is found, after both electrical stimulation and normal fatigue, a decided decrease in size, a change from a smooth and rounded to a jagged outline, and a tendency to take on darker stains than during a state of rest. The protoplasm of the cerebral cells shows a considerable shrinking with enlargement of the pericellular lymph space and a decreased power of taking on stains. The diminution of nucleus volume shrinkage in these cells varied in fatigued birds from thirty-six to sixty seven per cent. A glance at the accompanying photographs will show (1) that in the unstimulated cell the nucleus stains lighter than the protoplasm; (2) that the first effect of stimulation reduces the staining both of nucleus and protoplasm to one of equal intensity, which condition would indicate that the nutrient material is being used up by bringing the cell into action. As stimulation is continued it is seen (3) that the nucleus stains steadily and distinctly darker, and that it becomes deformed and crenated. This would indicate that the limits of functional activity have been reached, but that the cell may still recuperate with rest. On farther stimulation the cell experiences a condition of collapse in which neither protoplasm or nucleus will take any stain, and from which probably no recuperation can take place.

A consideration of these experiments, together with Mosso's results above mentioned on the fatigue caused by psychical action, would lead naturally to the conclusion that the poison of fatigue is elaborated from material lost during the period of work. In regard to this poison it can only be said definitely at present that it has an acid reaction but it is probably something midway between albuminose and a body closely allied to urea.

In connection with the above, the anatomical researches of the gray matter of the cortex of the brain of Ramon y Cajal are most interesting, giving us as they do a much more concise knowledge, especially of the Rolandic area, than those of any previous observer. Time forbids any farther mention of this work except that in the large pyramidal cells of the third layer he has found what he terms the *psychical* cells. It is precisely in these cells that we are to expect, with a very reasonable degree of certainty from the experiments mentioned above, the alteration in structure which underlies not only neurasthenia in its simple form, but also the insanity from over-exertion of the brain, which is only a more advanced stage of the process. This is farther borne out by the fact that in the very large majority of cases dying insane, a milky opacity of the arachnoid and visceral pia is seen over this area.

Hence, gentlemen, the discoveries mentioned above show the great stride which has been made (1) in placing mental disease on a firmer anatomical basis, and (2) in allowing us justly to conclude that since the nervous system presides either directly or indirectly over all the other organs or functions of the body, that any serious derangement in its action can necessarily influence the functions of these organs, and lead to the various disturbances we meet with in neurasthenia. In this regard may be mentioned the dyspepsia which is so common in nervous weakness. It has been said that this is caused by the absorption of toxins from the alimentary canal. That toxins may be so absorbed at a later period seems more than probable, and the trouble by this means be prolonged, but I think the primary cause is to be sought in the changes in the cortical cells of the brain, which cause an impairment of the digestive functions, and that it is only after these have occurred that the toxins play an important role.

In conclusion, let me add that instead of regarding mental symptoms as some obscure phenomena detached from the remainder of the human organism, I believe we should, on the contrary, regard them as the expression of an anatomically diseased organ, viz., the brain, just as much as we regard other signs, for example albumin, as indicating

disease of the kidneys. Regarded from this point of view, our treatment will be directed to the diseased brain in an early stage of the ailment, and many cases which have hitherto been allowed to drift into a condition more to be dreaded than even death itself, will in the future be grateful for the greatest blessing granted to mankind, the enjoyment of mental health.

Cases Illustrating the Cure of Epilepsy and Chorea by the Relief of Eye-Strain.*

By G. STERLING RYERSON, M.D.

I do not propose to enter into a discussion of the rationale of eye-strain nor to consider other causes of chorea or epilepsy. I wish simply to emphasize the fact that heterophoria is one of the causes of these maladies. I do not mean to say, as some have held, that eye-strain is the sole cause of epilepsy or chorea, but to affirm that in all cases which may present themselves to the physician heterophoria is an element which must be eliminated in making the prognosis and in prescribing the treatment. It is now generally admitted that headache frequently arises from errors of refraction and from muscular insufficiencies. It is only going a step farther to admit that the severer manifestations of nerve disorder unattended by gross lesions may be caused by the same sources of irritation.

On October 22nd, 1889, I was consulted by Mr. A. W., aged twenty-five, on account of headache on the top of and at the back of head; dizziness, loss of memory, at times loss of consciousness. He complained also of pain across the back and at the angle of the scapula. He had been under treatment for some time, without benefit. I found that his vision was R. 7/200, L. 15/200, R. hyperphoria 7°, R. esophoria 6°, L. 6°. V. 15/20 with R. - 5, L. - 6. On October 25th, I tenotomised the right superior rectus. On November 4th the head felt better; no dizziness. On September 12th, 1890, he returned stating that he had had no more headaches or loss of consciousness. A year later I heard that he still retained good health. I have not heard of him lately.

On July 29th, of this year, I was consulted by Miss G. I was told that for some months she had been suffering from severe headaches in

* Read at the regular meeting of the Toronto Clinical Society, December 24th 1892.

the occiput and in the nape of the neck. I might remark in passing that pain in the nape of the neck and in the occiput is almost invariably caused by defects of the ocular muscles, whereas frontal pain is generally due to refractive troubles, while pain on the top of the head generally arises from digestive disturbance. She had also marked chorea, which was bi-lateral and affected the whole body, and had been under treatment for some time without benefit. Vision 15/20, with $3\frac{1}{2}^{\circ}$ R. hyperphoria. Two days later I performed a partial tenotomy of the right superior rectus. For a few days she appeared rather worse than better, for there seemed to be considerable reaction after the operation, possibly due to nervous shock. The chorea gradually disappeared, and when I heard last from her, on November 28th, had entirely disappeared for some weeks.

I would like to state in conclusion that I have had many cases of epilepsy referred to me to examine for heterophoria, but while I have found heterophoria in many of them I have always declined to operate because of the small degree of defect. Perhaps I have been wrong in this, but I have held that one is not justified in operating unless the amount of ocular defect is at least two degrees. I would point out that a decision should only be arrived at after two or three examinations on as many days, because while on one day a large defect is registered on the next it has disappeared. A constant average of at least 2° is in my opinion necessary to justify operative interference. In both the cases related general causes had been eliminated and general treatment used before operation.

KLEPTOMANIA.—Kleptomania, as a system of mental disorder, has long been recognized by alienists. Marc, who reported many cases half a century ago, recognized that people, in circumstances which should have placed them beyond temptation, stole from shops articles to them almost valueless, whose number and uselessness indicated mental disorder in the thief. According to many alienists, kleptomania is always a manifestation of degeneracy, an episodic symptom-complex. There are kleptomaniacs of this type who steal purely for the sake of stealing. At the same time, as Lacassagne points out, in the vast majority of kleptomaniacs, kleptomania is a morbid manifestation of certain neuroses and psychoses rather than a psychosis by itself. In many cases of so-called kleptomania, stealing is a manifestation of viciousness or feeble morality. Kleptomaniacs steal, but not all thieves are kleptomaniacs.—*Journal of the American Medical Association.*

Society Reports.

Toronto Clinical Society.

THE regular meeting of this Society was held in St. George's Hall, on the 10th of December, President Dr. Allen Baines in the chair. Fellows present: Ryerson, Meyers, J. O. Orr, Davison, Bingham, Spencer, Burns, W. H. B. Aikins, Primrose, McDonagh, Oldright, Strange, N. Walker, Cameron, Britton, King, Grasett, Pepler, Baines, Brown. Visitors: Mr. J. J. Mackenzie, Drs. Wigle and H. J. Hamilton.

The Physiology of Nervous Exhaustion.—A paper by this title was read by Dr. D. Campbell Meyers. (See page 1.)

Cases Illustrating the Cure of Epilepsy and Chorea by the Relief of Eye-strain.—A paper with this title was read by Dr. G. Sterling Ryerson. (See page 5.)

Dr. Bingham proposed a query as to how the pain occurred at the angle of the scapula. His own explanation was that the sympathetic system, which was directly connected with the nerves that supply the angle of the scapula, would be affected in ocular strain.

Dr. Spencer asked if obstinate constipation was not often associated with eye defect. He remembered a case of astigmatism which he had referred to the reader of the paper. The patient reported after treatment that he was not only cured of the trouble but the constipation as well.

Dr. Meyers pointed out some phenomena which arose through the artificial production of eye-strain, muscular rigidity, unconsciousness and attacks resembling epilepsy, showing the connection of the eye to the cuneate lobe. This case showed the importance of always examining the eyes in cases where the diagnosis was obscure.

Dr. Ryerson concurred with the remarks of the preceding speakers. He said the relief afforded to the nervous system by the removal of the source of irritation had an indirect effect on the digestive organs.

Case in Practice.—Dr. Norman Walker gave the clinical notes of a case that had come under his care during the past month. Patient had come to the office complaining of great pain in the back of the neck and headache, which had existed for about a week together with general malaise. The next day symptoms were much worse. Quinine and antikamnia were ordered, also a tonic. Another medical man was

called in next day, who pronounced the case gastric fever and left a bottle of medicine. The next day the essayist saw the case. Patient was in bed, head thrown back, very restless and irritable; he was unable to move the right hand and arm; the grip of the left was very much weakened; required to have constant rubbing and raising of the arms and crossing of them over the chest. Mustard was applied to the neck and the lumbar region; calomel administered; hypodermic morphia given in the neck; urine passed by catheter only; patient became somewhat delirious; morphia, atrophina and strychnine were given; pulse got as low as forty-nine; applications were made at the spine of iodine, mustard, etc., at different times; potassium iodide was ordered in five grain doses every two hours; symptoms of iodism followed; extremities, during attack, cold; condition continued. The first sign of returning power was about the sixth day, when patient tried to brush a fly off his nose. To overcome the inactivity of the bowels, croton oil was administered. Temperature never ranged very high. Nutriment enemata seemed to do good; mercury by inunction was ordered; stomach very irritable throughout, accompanied by hiccough. Eleventh day the patient began to improve considerably. Gradually the sedative treatment was stopped. Power returned in the hands and arms, and the bladder and bowel symptoms improved. The doctor thought the cause of the trouble was not definite. The family history was good. The patient himself thought the trouble was brought about by worry he had had over some rumors which had been carried to his mother-in-law. He had had a wordy war with this person and had not felt well since. The doctor thought if any medicine did any good it was the iodine. The croton oil did move the bowels, and improvement continued under the use of inunction after the iodide was stopped. Nourishment by rectum contributed much to the recovery. Convalescence was slow.

Dr. Meyers said certain symptoms of the case pointed to meningitis, but other symptoms excluded this, particularly the absence of fever and eye trouble, and if the disease had been due to graver lesions recovery would not have taken place so soon. His own opinion of the case was that it was hysterical or functional paralysis. In these cases the urine was often retained. The suspicious point was the brushing of the fly off the nose when paralysis was present. The diagnosis was borne out by the cause—mental excitement previous to the coming on of the attack.

Dr. Oldright added that another point which emphasized the neurotic nature of the attack was the fact that the patient got relief from having somebody move his arms backward and forward.

Prostatic Hypertrophy.—Dr. I. H. Cameron made some remarks on prostatic hypertrophy. He said he would not enter into a discussion of the pathology and nature of this trouble, but would rather confine himself to the matter of the treatment. However, he inclined to the view of Harrison that the prostate gland was a muscular sphincter of the bladder rather than a gland, as the amount of muscular tissue was relatively much greater than that of the glandular. Under certain circumstances, hypertrophy of this structure took place as a result of increase of function; following this there was more or less retention of the urine. All were agreed that Sir Henry Thompson was right in establishing the teaching that when a man has residual urine he should have artificial relief by catheter frequently. That doctrine had held universal sway until one day a celebrated physician, now gone over to the majority, unfortunately, wrote an article on catheter fever, and set the world agog by pointing out the frequency of cystitis and distension of the urinary tract by the catheter, which, if properly used, and not abused, relieved the condition which latterly ended in this distressing state. After Clark had written this paper, there was a strong reaction on the part of the older men, who began to fear that their patients would die of surgical kidney. The speaker said no doubt many had died and many would die of it as long as the catheter was used without antiseptic precautions. If antiseptic precautions were observed, however, surgical kidney would be avoided rather than caused by the proper use of the catheter. In advanced stages of prostatic enlargement, where micturition was impossible and the intolerance of the bladder was very great, though only a small amount of urine was in it, and where it was necessary to use the catheter, a surgeon could not be present to pass it. There was great need of insistence that in such cases of prostatic hypertrophy the proper use of a catheter would lead to cure. It was only in its misuse that dangerous results followed by infection of pyogenic organisms from without. Another method of treating the condition, which had found its strongest advocate in White, of Philadelphia, was that by orchidectomy. In one hundred and eleven cases in which operation had been done there had been twenty deaths. The average age of the cases in which recovery took place was 66½ years; the average age of fatal cases, 75. So age seemed to have some influence in determining the mortality—something that would be expected because of the probable presence of arterio sclerosis and less recuperative power of the tissues the older the men were. Of the twenty fatal cases, White, for one reason and another, thought that thirteen might be excluded, as the precedent condition of the patient was such as to prevent success in the operation. This seemed

to be a fair showing. On the other hand, Falls, of Glasgow, had had six cases, with five deaths as a result of operation, the remaining one not being benefited in thirty days. The speaker himself would refer to but four of the cases which had come under his observation as being typical examples of classes of cases in which this operation was applicable. The first case was that of a man 69 or 70, who came under his care in the General Hospital suffering from retention of urine and with cystitis. Prostatic enlargement was noted, and it was determined to do orchidectomy to relieve him of the enlargement. Due care was not taken to ascertain the condition of the kidneys before operation. At this time catheter drew urine at ten inches. Operation presented no difficulty. Patient was returned to bed. Never very well afterwards, but urine was drawn by catheter at nine inches. Autopsy showed he had surgical kidney on both sides. He should not have been operated upon.

The second case was that of a man aged 64 or 65 where this condition was present. Unilateral orchidectomy was done. So far as voluntary micturition was concerned, this had no effect whatever. He came in a year or two later for an aggravated cystitis. Sounding him, a stone was discovered; lithotomy was done and bladder drained. Good recovery. Returned in two years. Another stone found; nucleus was a hair, which was likely carried in by catheter. Later, the patient returned again. Bladder was drained and recovery followed. Patient returned later, suffering from cystitis. The other testicle was removed. During convalescence the patient became extremely depressed and melancholy. Was given the fresh testicle of a sheep. Mental trouble disappeared. The function of voluntary micturition was not restored. It was not expected, as for two years the function had been in abeyance.

The third case was that of a man 81 or 82, upon whom the speaker had operated last May. The patient had suffered for some time from febrile disturbance incident to prolonged cystitis. An operation was followed by prompt and decided improvement. He presented rather active delirium during convalescence, but this passed off.

The fourth case was that of a man, aged 67, suffering from acute retention of urine, which had existed about six weeks. Operation was done, and within three or four days he was able to pass urine. Recovery complete.

Dr. Grasett said he leaned to conservatism in the treatment of this condition. Thus far he had been able to treat these cases without resorting to the method advised by White. He thought surgeons were not sufficiently careful in regard to the cleanliness of urethral

instruments. Where the catheter was kept clean its use could be maintained a long time. A patient under observation, aged 83, had used one twelve years—a man in active life. He had had most beneficial results from drainage also. Cases treated in this way were referred to.

Dr. E. E. King thought that the operation of orchidectomy would never become the operation of choice in enlarged prostate, but in those where great urgency was necessary. A case of this latter sort on which he had operated showed marked improvement within eighteen hours. A second case, in which he had done vasectomy, was not much benefited by the operation. A third case, in which orchidectomy was done, died of pneumonia subsequent to the operation. In six other cases results were so good that the speaker was very well satisfied with the operation.

Dr. G. Bingham concurred with the views expressed by the leader of the discussion as to the treatment of long-standing and obstinate cases of prostatic enlargement. In the earlier stages he had found the method of stripping the prostate and the vesicles of decided value. This relieved the glandular congestion and enlargement. The speaker cited cases in which he had noted distinct benefit from this course of treatment. Before resorting to removal of the testicles he would examine the bladder by superpubic cystotomy. In this way drainage could be performed, the condition of the walls of the bladder ascertained, the diagnosis established, and, if necessary, a portion of the middle lobe removed.

Dr. Cameron closed the discussion.

Toronto Medical Society.

THE regular meeting of this Society was held December 17th, Dr. J. Forrest in the chair. Minutes of the previous meeting read and adopted.

Nasal Breathing was the title of a paper read by Dr. Price-Brown. The doctor presented a patient he had treated for this trouble. The paper stated that from examination of animals and aboriginal tribes, and comparing them with the inhabitants of civilized countries to day, it was apparent that nasal breathing was a physiological process and nasal pathological. Pre-eminent among the causes of nasal breathing was nasal deformity, the result of trauma or heredity. These irregularities were seldom seen in children under ten. Where the condition of deformity occurred early in life it was often followed by arrest of

development of the cranium. The condition was in part produced, according to some writers, by a disturbance of the equalization of the atmospheric pressure in the nasal cavities, a rarefaction taking place on the side of the obstruction and, consequently, an increased pressure on the other side. The benefits of nasal breathing and the injurious effects of oral breathing were adverted to. Treatment consisted in removing the obstruction.

In the case of a young lady whose history was given, there were adenoids and a hypertrophy of the faucial tonsil present. There was also nasal obstruction from spurs. The chest was flattened at the sides. After removal of the obstruction and the establishment of nasal breathing, the chest expanded and the patient became robust.

In a second case reported, that of a young man (patient shown), the patient had grown eleven inches and gained fifty pounds during the two and a half years since treatment. The sternum was flat and there was a distinct concavity to its left side. These remained after treatment.

Empyæma of the Right Frontal Sinus.—Dr. R. A. Reeve showed two patients, one exemplifying empyæma of the right frontal sinus, the other presenting a complete recovery from the condition by operation. The first patient presented had no acute symptoms. Four weeks previous, swelling had begun over right eye. The forehead began to bulge and the eyeball to protrude downward and outward. The orbital plate had given way, and the swelling was boggy at this point. There had been no nasal trouble as there had in case number two. The treatment consisted in opening and introducing a drainage tube, which was passed down through the nose. The doctor referred to twelve cases of this sort which he had reported at a former meeting of the Society.

Discussing Dr. Brown's paper, Dr. Oakley said he did not see why civilized races should be more addicted to oral breathing than savage races. He thought the factor of inheritance could scarcely be said to play a part unless observations had been made for several generations.

Calculus.—Dr. Wm. Oldright presented a calculus passed by a woman after he had introduced a sound into the bladder. The history of this and two or three cases of renal calculi were given. In these latter cases he had administered the dilute muriatic acid with good results.

Dr. Graham Chambers, who analyzed the calculus, said it was one of the fusible sort and contained calcium phosphate and ammonio-magnesium phosphate and some organic matter, probably mucous.

In reply to Dr. Forrest, he said acids would not make alkaline-urine acid as a rule. There were two exceptions; benzoic and oxalic acid would.

Dr. H. Walker presented four calculi he had removed from a pocket in the base of the bladder of an old man aged seventy-five. The patient complained of symptoms in the heat of summer. The stones, although large, could not be reached by sounds. The lateral operation was done with good recovery following. Dr. Walker then referred to a case of pylorotomy, the specimen of which he presented to the Society some weeks ago. He reported the patient as doing well. The button had passed. It showed signs of corrosion of its plating. After eight days the patient had become suddenly blind. The blindness was more marked in one eye than in the other, but the sight was gradually returning. He asked for an explanation of the cause.

Dr. R. A. Reeve said it was difficult to say what the cause of the blindness was without an ophthalmological examination. He adverted to the various causes of sudden blindness, and referred to some cases he had seen. The symptoms in the case reported were somewhat anomalous.

Dr. Peters said that the operation of pylorotomy was usually unsuccessful. He had assisted at two cases which had proved fatal. Such cases were liable to succumb to secondary growths. The operation, however, gave the patient comfort while he lived.

Dr. Webster asked Dr. Walker's opinion of the operation of stitching the bowel to the stomach in these cases, instead of using the button.

Dr. Walker said he preferred the button, as it required much less time. He inclined to think the blindness was due to some specific poison. In all cases of abdominal difficulty of this sort where there was any doubt as to the diagnosis, he was strongly in favor of an exploratory laparotomy. He had never had an accident nor heard of one.

Dr. W. J. Wilson, in referring to the last point, said that he knew of a case in which death had occurred within three days after an exploratory incision.

Dr. Walker said that death in this case was perhaps due to sepsis.

A STEP LOWER. —St. Louis is the proud possessor of two hospitals, each owned by a stock company and run for the profits in the business. People are solicited to become members by paying fifty cents a week, for which, in case of sickness, they receive hospital care. This is the lowest stage yet reached by the hospital abuse. —*Cleveland Journal*.

Editorials.

Medical Council Affairs.

IN connection with the controversy upon Medical Council matters, we wish to draw the attention of our readers to the fact that our editorials have in no way alluded to the subject at any time. The REVIEW is at all times open to respectable members of the profession to discuss subjects pertaining to Council matters, provided their communications are not too long and the writers sign their names to them.

There are many points of interest in the management and doings of the Council, to which we hope in the near future to allude.

We are pleased in this issue to publish letters from our esteemed friends, Drs. Sangster and Williams, both members of the Council, and we hope that when we claim for the REVIEW the strictest impartiality, it will be believed that this journal is not the organ of any school party or clique, but that it endeavors to promote the best interests of the profession as a whole.

Before closing this subject we might add that the editors of the REVIEW believe sincerely in the great advantage the Council is to the public, and are therefore most anxious for the free discussion of any question affecting it.

The Twelfth International Medical Congress.

It would seem as though something like a palsy has befallen the Moscow Congress. Professor Erismann, of the Institute of Hygiene, was the energetic and able Secretary-General, and was earnestly engaged in putting in motion the machinery which would in due time have produced a scientific aggregation of stars equal that which assembled at Berlin or at Rome. But suddenly the motive power was paralyzed by the removal of the Secretary-General from his post, it is said, because of too open an expression of opinion on Russian political affairs. One would have thought that a course of instruction at the Institute of Hygiene would have taught the professor the art of self-preservation. But it seems not; so he may even now be "doing time" in Siberia, or languishing in a state of innocuous desuetude in the cold shades

wherein languish the ex-official of all countries. Those of us who have heard George Kennan lecture have learned to look with distrust upon Russian police and political methods; but it may be that that apparently venturesome American newspaper correspondent had to supply "copy" at any price, even at the expense of truth. For recently Mr. Harry de Windt, an Englishman in spite of his name, has publicly stated that "if he had to do time, he would sooner do it in Siberia than anywhere else." Some people hinted that he had been "squared," but now Dr. Benjamin Harrison, an American prison expert, corroborates Mr. de Windt, and has caused Mr. Kennan to "sit up" rather violently. So that if Professor Erismann is sojourning in Siberia, he may not be having such a bad time after all. But in the meantime the Congress languishes and is likely to die of inanition.

R.

The Ontario Medical Council.

THERE are few medical men in Ontario who do not recognize the advantage of a good, energetic medical parliament for the Province. But there are few, we think, who do not equally recognize the fact that the Council is capable of some very important improvements.

As the Council is now constituted, it consists of seventeen territorial, five homœopathic, and seven college representatives. Here there is room for much and useful change.

In the first place, there is no need for five homœopathic representatives in the Council. This is class representation. The solitary physio-medicalist might fairly ask for a seat in the Council. Or if there be a few electricians, they in turn might clamor for representation. No, the true policy is for all to take their stand on the ground that they are registered practitioners, and elect the best man they can get in the district. The homœopaths would have their say, but no special privileges.

Then the school representation should be reduced. We utterly fail to see why the Toronto School of Medicine, which has done no teaching for nearly ten years, and which is quite defunct as a working concern, should have a representative in the Council. The simple truth is there is now nothing to represent but a certain joint stock company owning a certain building, which is rented to the University of Toronto for medical faculty purposes. Clearly this seat in the Council must go.

Then comes Victoria University. This corporation once had a

medical college in affiliation with it, and granted medical degrees. But years ago both were given up. The University of Victoria grants no degrees now, and has no medical faculty or school in connection it. Why it should have (except by statute) a representative on the Council, we cannot see. McMaster University has just as good claims to one.

Now comes Trinity University. The abuse here is that there are two, whereas there should only be one. If Trinity University and Trinity Medical College are entitled to two representatives, then the Western University and Medical College, and Queen's University and Medical College, and Toronto University and Medical Faculty are entitled to two each. The real fact is that Trinity University and Medical College are entitled to only one (except by statute). If Trinity University did not give medical degrees, and had no medical school in affiliation, then it would not be entitled to any. But because of its connection with Trinity Medical College, the joint arrangement, as in Queen's, and the Western, should have one.

With the above reductions in numbers, the Council would be of a wieldy size, and likely to be of some real service to the profession at large. The profession must rule in this body and not the schools. The simple truth is that the schools are not the best friends of the profession. The mad rush for students, the flooding of the country with their announcements, the determined effort to secure and hold all the hospital appointments amongst themselves, and the desire to climb over the backs of the recent graduates into a consultation practice, are all injurious to the welfare of the general profession. On these matters, the general profession must speak, and with no uncertain voice.

For many years, the only medical journals were the organs of some school. Things in this direction are changing for the better. The profession have an opportunity of expressing their views through independent channels. It is the intention of the *MEDICAL REVIEW* to advocate the cause of the general profession, and to do what it can to correct some of the evils now apparent to all—the power of the schools, the over-crowded condition of the profession, and the weakness of the Council.

F.

ANOTHER MEDICAL JOURNAL.—It is stated that owing to the retirement of Drs. Young and Cassidy from the *Dominion Medical Monthly* a new publication will shortly appear. We are told that Dr. Young will be proprietor and editor of the new journal. We wish it every success.

Therapeutic Efficacy of a Mineral Water.

THE constancy of the remedy employed being such a necessary condition of therapeutic efficacy, it is worth considering that medical or scientific supervision has not sooner been employed in the bottling of the natural aperient waters which have come into such general use -- for it has been stated that the aperient waters offer the one sole exception in regard to this constancy among the natural mineral springs, so that in the case of these aperient waters an inconstancy of the chemical constituents has been observed. It is therefore of interest that the Apenta Hungarian Aperient Water, introduced not long since into this country and England, is under the absolute control of the Royal Hungarian Chemical Institute. The *British Medical Journal* and the *Lancet* have recommended Apenta not only because of the constancy ensured by the guarantee of the Chemical Institute, but also for its specially favorable combination of sulphate of soda and sulphate of magnesia, the quantity of the latter being the greater, as shown by the various analyses. Professor Oscar Liebreich, University of Berlin (*Therap. Monat.*), and Dr. Althaus (*Brit. Med. Jour.*, Sept. 26th), have written to the same effect, giving Apenta preference to other purgative waters.

The water has been used to considerable extent with good success in hospital and private practice in this city and Montreal.

Meetings of Medical Societies.

The Chatham Medical and Surgical Society has reorganized with Drs. Duncan and Bray, jr., as President and Secretary respectively. It will meet on the first Wednesday of each month.

The meeting of the Niagara District Medical Association will be held in St. Catharines, Wednesday, January 13th.

The Lambton Medical Society meets in Wyoming, February 10th.

The Toronto Medical Society was called off, as usual, on Christmas and New Year's week. The meetings during the past term have been of unusual interest. The membership now numbers about 130. Any medical man in or near the city who would like to join, should apply at once for proposition to any of the members.

We beg to acknowledge receipt of subscriptions from the following gentlemen:—Dr. Sinclair, Paris; Dr. Armstrong, Fullerton; Dr. Mallory, Delta; Dr. Wishart, London; Dr. Rounthwaite, Thessalon; Dr. S. A. McKeagan, Acton; Dr. Haig, Campbellford; Dr. Hoar, Strathroy; Dr. H. R. Duff, Kingston; Dr. D. Munro, Perth; Dr. J. Reeves, Egansville; Dr. Tracey, Cobourg; Dr. J. Watson, Unionville; Dr. J. W. Groves, Manotick; Dr. D. McDiarmid, Agincourt; Dr. J. McAsh, Belgrave; Dr. C. H. Thomas, Gormley; Dr. W. J. Anderson, Jasper; Dr. S. S. Connell, Athens; Dr. R. Carney, Windsor; Dr. F. B. Harkness, North Gower; Dr. J. Lafferty, Hamilton; Dr. Heaslip, Hillsdale; Dr. W. Kilbourn, Oro Station; Dr. Wilson, Platts-ville; Dr. Clemens, Berlin.

By consulting the label on your REVIEW you will see the date up to which your subscription has been paid.

DOCTORS IN MUNICIPAL POLITICS.—The following physicians were elected at the recent contest in Ontario: *Mayors*—Dr. B. H. Stafford, Arnprior; Dr. S. M. Wells, Barrie; Dr. Radford, Galt; Dr. Ward, Napanee; Dr. Johnston, Sarnia; Dr. McFaul, Stayner; Dr. Clendenan, Toronto Junction; Dr. McKay, Woodstock; Dr. Hammill, Meaford. *Reeves*—Dr. A. D. Graham, Bothwell; Dr. Leonard, Napanee; Dr. Stalker, Walkerton; Dr. Stewart, Chesley; Dr. Gibson, Watford; Dr. Walters, East Toronto; Dr. Charlton, Weston; Dr. D. Thompson, Cayuga; Dr. McAllister, Duntroon; Dr. Coughlin, Arthur; Dr. J. P. Waddy, Humphrey; Dr. J. R. Patterson, Port Elgin. *Aldermen*—Dr. Adam Lynd, Toronto; Drs. J. H. Bell, E. Ryan and A. P. Knight, Kingston; Dr. E. H. Eidt, Stratford; Dr. St. Jean, Ottawa. *Councillors*—Dr. G. H. Bowlby, Berlin; Dr. Burrows, Lindsay; Dr. Jones, Mount Forest; Dr. Urquhart, Oakville; Dr. McAlpine, Petrolea; Dr. McTaggart, Arthur; Dr. Niddrie, Creemore; Drs. H. S. Bingham and D. Gillespie, Cannington; Drs. Gimby and Cook, Chesley; Dr. Hopkins, Dunnville; Dr. Odum, Woodstock; Dr. Nairn, Elora; Dr. McGregor, East Flamboro'. *School Trustees*—Drs. J. Spence and J. Hunter, Toronto; Drs. J. D. Wilson and Wm. English, London; Dr. Hanks, Blenheim; Dr. Musgrave, Niagara Falls; Dr. Reslin, Bolton; Dr. Carmichael, Sundridge; Dr. Lackner, Berlin; Dr. Rice, Woodstock.

THE MEDICAL PROFESSION IN FRANCE.—From the Paris letter to the New York *Medical Record*, we learn that the medical profession in France is by no means an El dorado. The lay press is taking a hand in

the discussion of the over-crowded condition of the profession. Many of the people of fair means are most anxious that their sons should not study medicine. It costs, all told, \$8,000 for the full course in France. The returns for this outlay are very poor in most cases; and for many years at first nothing but a large amount of gratuitous treatment of pauper cases. The agitation is a wise one. It would stand imitation in this country. All the large American cities are crowded now till there is scarcely standing room. If the numerous medical colleges keep on turning out an annual grist of graduates at the rate that has pertained in the past, the cry will soon be heard, "Woe is me that I am a doctor!" The school men, however, are really at fault. They send out glowing announcements to catch the unwary. The fees of the student are much in demand; and then they hope for consultations from them afterwards. This they usually get until the poor graduate has his eyes opened.

THE EFFECTS OF PERITONEAL ADHESIONS ON DIGESTION.—Dr. Byron Robinson, of Chicago, (*Medical Record*, November 28) remarks that of the many evil effects of peritoneal adhesions the following may be mentioned. There are often pain, indigestion and intestinal neuroses. These adhesions seldom give rise to pain in the fixed organs, as the spleen, kidneys or liver. The pain after the formation of these adhesions is due to the fixation of mobile organs, and the prevention of active peristalsis. The organs of greatest movements are the small intestines, the sigmoid flexure, the Fallopian tubes and the bladder. It is in these that the worst effects of peritoneal adhesions are noticed. In operating in the abdominal cavity, adhesions, as far as possible, should be broken up, more especially around the mobile viscera. About seventy-five per cent. of laparotomies are followed by adhesions that may give rise to much trouble. Hot foods and purgation increase these colicky pains. In time these organs make room for the functional activity in most cases.

TOXIC EFFECTS OF COFFEE DRINKING.—Dr. J. V. Pugh read a paper before the Philadelphia County Medical Society (*Philadelphia Polyclinic*, November 21) in which he gives an account of a man over thirty years of age, who was a graduate in medicine, but never practised. He had gone through a period of great fatigue, up till one and two o'clock, and hard at work during the day. He acquired the habit of drinking large quantities of strong black French coffee. He would drink from ten to twelve large cups daily. The result was that he had a pulse of ninety-six, trembling and weakness, twitchings and

spasms in the muscles, great fear and agitation of impending danger, hallucinations of sight and fearful images of dangerous objects. It was clearly a case of coffee intoxication, as the patient had not used liquor. The writer states that he had seen two persons who had been mildly intoxicated by the excessive use of coffee. The kneel-jerks were exaggerated, and the sensation perfect.

HEREDITARY SYPHILIS AND GENERAL PARESIS OF THE INSANE.—Dr. Edward H. Williams, Matteawan State Hospital, Fishkill Landing, N.Y. (*Medical Record*, December 5), remarks that in cases of general paralysis of the insane, the history of direct syphilitic infection, together with a life of dissipation and excitement, is so often found that the disease has come to be generally credited to primary syphilitic infection, or closely associated with it. The general temperament of paretics, their past history, and their symptoms are almost the same in all. There is positive proof of primary infection in seventy-five per cent. of these cases. These have usually been the typical man of the world, ambitious, fond of society and high living, a light sleeper and a heavy drinker. In a minority of cases the above past history may be wanting. But when examined with care they are found to present the stigmata of hereditary syphilis. These persons are often dull minded and sluggish. They are in no sense of the typical paretic temperament. It is pretty well settled that seventy-five per cent. of all paretics have had primary syphilis. Of the remaining twenty-five per cent. many have the marks of hereditary syphilis.

TENDON GRAFTING IN DEFORMITIES FOLLOWING INFANTILE PARALYSES.—Dr. Samuel E. Milliken, of New York (*Medical Record*, November 28), reports some cases where he had operated with the object of correcting some of the deformities following infantile paralysis. The tendons of paralyzed muscles are attached to portions of the tendons of healthy muscles. When a whole group of muscles are paralyzed, a healthy muscle of the proper origin must be transplanted and given the insertion of the paralyzed group. When only part of the group is paralyzed, tendon grafting should be adopted so as to make the healthy muscles do the work of the group. Kangaroo tendon is the best material for the muscles, tendons, and their sheaths. The skin is closed with interrupted catgut sutures and sealed with cotton collodion. The immobilization of the limb is best secured by plaster-of-Paris splint. The best results can only be obtained in young subjects, where the benefit is gained from the growth of the muscles.

LORD KINNEAR.—The elevation of Sir Joseph Lister to the peerage has removed the last obstruction to equality of the medical profession. It may seem a small matter, and one in which we, in Canada, are not at all interested, but reflection will convince any one that whatever raises this profession in public estimation benefits each and every member of it. It appears to us that Sir Joseph made a big mistake in burying himself under the title of Baron Kinnear. How much better it would have been to be known as Baron Lister, to which title a territorial tail could have been added. However, we all wish Lord Kinnear many years of life and enjoyment of dignities so worthily and honorably won.

FUNCTIONLESS ORGANS—ARE THERE ANY? A POSSIBLE USE OF THE APPENDIX VERMIFORMIS.—Dr. Nelson L. North, of Kings County, read a paper with this title before the New York State Medical Association. He said that it was now coming to be understood that many organs formerly looked upon as rudimentary and functionless were really part of the hæmatopoietic system. Thus, the tonsils, which had been so freely excised in the past, were now considered as guardians of the parts below, protecting them from the invasion of pathogenic organisms. A noteworthy example of a supposed functionless organ was to be found in the vermiform appendix, but he was of the opinion that the numerous follicles of the appendix indicated clearly that it possessed a glandular action. Probably its chief function was as an automatic closer of the ileo-cæcal valve, thus preventing the regurgitation of foul gases. A study of the vital statistics of the Brooklyn Board of Health for the past fifteen years would show a steady increase in the death-rate from appendicitis and allied diseases, from which it was fair to infer that medicine had not kept pace with surgery in the treatment of these disorders. It was probable that the trouble was to be found in an improper treatment at their inception, the medical man of the present time throwing up his hands and unconditionally surrendering his patient to the operating surgeon. The intelligent and cautious use of mild purgatives and enemata, and above all the bold use of opium, not simply for its sedative action, but for its curative effect in peritoneal diseases, would, he felt confident, make a better showing in the treatment of appendicitis.—*N. Y. Med. Jour.*

Now is the time to send in your subscription to the CANADIAN MEDICAL REVIEW.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Dr. Williams' Reply to Dr. Sangster.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In your December number, I notice a letter from Dr. Sangster, a large share of which was written for my especial benefit. The first paragraph I cannot claim. It is to chastise the *Practitioner*. I have not seen their article, but suppose they are deserving it. If not they can take care of themselves.

The doctor and his followers have a passion for writing. Other members of the Council are usually content to allow them to write on without comment; only now and again, when they become particularly personal, is any reply made. Their reasons for getting into print are not difficult to find. The custom of the Council for very many years, probably from its inception, has been to conduct its business without parties. Each member used his individual judgment on every question that presented, and voted accordingly; and each member had the same right as every other to introduce such business as he thought in the interest of the profession. They were then satisfied, if the transactions of the Council could be got into the hands of their constituents, who would approve or condemn in accordance with their judgments. The election of Dr. Sangster and his co-workers has made a change. We now have an organized opposition without a government, or any party whose especial duty it is to conduct the business of the Council. The absurdity of such an opposition would strike most people. It strikes this party. They feel, no doubt keenly, that the position they have taken needs more justification than can be obtained in the ordinary way. They cannot trust their case to the electors with the transactions of Council as their guide, but feel it necessary to support themselves by brilliant literary pyrotechnics, which, it is hoped, will so dazzle the ordinary reader that he will at once fall into line. Our friend, the doctor, admittedly clever in this way, is selected for the work. Hence the necessity of getting into print and speaking of the "Solid Phalanx," the "Inner Circle," the "Head Centres," etc., etc., with mystical phrases intended to convey the impression that there is a party in Council other than the one led by the doctor.

The "Solid Phalanx," the "Inner Circle," and the "Head Centres," have an existence in his *mind* only, or as figures of speech. Each individual member thinks for himself, speaks for himself, and votes as he pleases, with the exception of the "Little Phalanx" led by Dr. Sangster. There are indications that the energy of individual intelligence will crumble even this little party into its original atoms. Medical men are bad subjects to keep in leading-strings by even so accomplished a leader as the doctor.

Why is so large a share of this letter devoted to me, instead of to the general good? The doctor has supplied the reason. Last June, during the meeting of the Council, I entered a protest against discourteous methods of discussing questions. Our friend was hit, and has "nursed his wrath and kept it warm" until December. Was he justly hit? We will allow him to supply the answer. "Words or expressions of this kind sting, I suppose, only in proportion to their applicability—only in proportion to the amount of truth they incase." According, then, to the doctor, he was "*stung*"; the words must have been "*applicable*," and "*incased*" considerable truth, hence the zeal to explain them away.

The doctor in his letter is to be admired not more for the beauty of diction and elegance of style than for the masterly exhibition of sophistry. None know better than he, few as well, that to get at the purport and meaning of a word, it must be read with the context. Yet he cleverly seizes the word "plausible," drags it from its connections, and proceeds to castigate both it and the user in a most dexterous manner. The poor word, by the aid of Worcester, Campbell, and Whately, is made to mean "specious" and "humbug;" and finally, with the assistance of Locke, he gets it to be nothing less than "*lying*."

At the risk of being tedious, we will quote a few sentences from the June speech that the reader may get at the connections. "I do not sympathize very strongly with Dr. Sangster in the view he has expressed, and I want to say this, that Dr. Sangster or any other member, who wishes to be a reformer, and who wants to get his views to prevail in the Council, should not first have insinuated improper motives to all the other members of the Council. His correct method, if he wishes to make a success and be a reformer, is to put his views in such a reasonable and 'plausible' way that they will commend themselves to the whole of the members of the Council." Now what does "plausible" mean in this connection? Funk & Wagnalls' dictionary gives several meanings to choose from, according to the shade of meaning we wish to convey. One is, "*calculated to win*

confidence." We rest on this. It conveys our meaning, and we stand by the word. And further, now that the doctor has recalled us to words used in the heat of debate and then forgotten, and has dignified them with the appellation of a lecture. We stand by the sentiments.

The doctor says: "If Dr. Williams stops to reflect, he must surely know that the word 'plausible' is ALMOST invariably used in a bad sense as the synonym of 'specious,' while among average people it is looked upon as the equivalent of 'humbug.' Thus, Campbell says, 'Fiction may be as *plausible* as truth.'" Let us try a little substitution with the synonyms the doctor has supplied. "Fiction may be as *specious* as truth." Again, 'Fiction may be as great a *humbug* as truth.' (Will Campbell roll in his grave?) Funk & Wagnalls would say, "Fiction may be as well 'calculated to win confidence' as truth." Notwithstanding the very great ability of Dr. Sangster, and my high opinion of him as a lexicologist, I fail to comprehend that he makes clear the shades of meaning in the use of the word "plausible," and must content myself with the commonplace of Funk & Wagnalls' Were the doctor to come down from his pedestal in company with Worcester, Campbell, Whately and Locke, to moderns, I might understand.

The doctor thanks me for my advice, but says, "If in the Council chamber I can only achieve success as a reformer by being 'plausible' ["calculated to win confidence"—Funk & Wagnalls], I must be content to remain unsuccessful. The cost would be too great." The cost too great! To put your arguments so that they shall be reasonable and calculated to win confidence!! He says, "The old adage has it that in the end not 'plausibility,' but 'truth is mighty and will prevail.' Till then I propose to fight on and wait." It is truth, then, he is fighting for, is it? I did not understand; I thought it was for an opinion. And those other fellows, the "Solid Phalanx," are upholding falsehood! Mr. Editor, I do not know the doctor's capacity for swallowing. Is there no danger of suicide from so great a bolus of taffy?

He speaks again: "The cry for taffy instead of strychnine is the old cry of might against right." What does this mean? Were it used by some less astute man, we would think it mere flippancy. But when used by Dr. Sangster, it means something. What can it be? Does he think that because it is suggested to him to conduct himself courteously towards members of the Council that they are crying for taffy at his hands? Does he think, when he charges fellow members with being "*recreant*," "*subservient*" or "*ductile*," he is carrying terror in his words? If so, he never made a greater mistake. The members of

Council listen with the same pity that filled Dr. Sangster when he said, "How unfortunate it is that any grown man"—even though elected to the Council—"can still condescend . . . to seek relief to his surcharged feelings by falling back on the schoolboy trick of making faces and calling names." Neither the Council nor any of its members are asking favors—simply the courteous treatment they expect to extend to fellow members. They ask no more; they will approve of no less.

Not the least amusing portion of the doctor's letter is his description of the speaking ability of those who do not accept him as their leader—those whom he styles the "Solid Phalanx," the "Inner Circle," etc., in contrast with his "Little Phalanx." He says that "when the 'Head Centre' of either wing of the 'Inner Circle' [Centres and Circles which have no existence except in his mind] rises in the Council to make a motion," . . . except under some specified exceptions, "his remarks are ordinarily not merely *specious* or *inane*, but as *flat as dishwater* and as *flavorless as tripe without onions*." Now, I have not taken to dishwater as a beverage nor to tripe as a food, and am quite willing to accept Dr. Sangster's version as to their qualities. Yet bacteriologists tell us dishwater is not without potency. This is verified by an outbreak in December from the microbes in the dishwater of June. They penetrated the integument of even Dr. Sangster, the man who boasts his ability to resist hard knocks.

The "Little Phalanx," on the other hand, with Dr. Sangster at their head, are given to "*raciness*" of expression. They "call a spade a spade," or speak of a section of representatives as being "*ductile*," "*recrulant*," "*subservient*," etc., and he thinks "it is not at all surprising this '*raciness*' of expression is at a discount with" those whom he calls "the Solid Phalanx." We fully agree with the doctor in this opinion, and believe the profession will endorse our views. At this point, however, we must part company. While the doctor fully appreciates this style, the majority of the Council cannot claim to be cultured to that standard. Tastes in literature are largely a matter of education. The vendors at Billingsgate would not regard as "*racy*" that which is not well spiced with their peculiar vernacular. Few others have any desire to be so cultured, and few members of Council have a desire to be trained to this "*raciness of expression*" by even so gifted a teacher as Dr. Sangster.

He thinks "words or expressions of this kind sting in proportion to their applicability only in proportion to the amount of truth they incase," and he says, "I am quite sure, for instance, that not a single feather of *my* plumage would be ruffled were the entire Council to

charge me with being 'ductile' or 'disloyal' to my constituents or 'subservient' to the interests in the Council which are hostile to the electorate I profess to serve, simply because I KNOW that I AM NOT 'DUCTILE,' or 'RECREANT,' or 'SUBSERVIENT.' " Dr. Sangster "ductile"! Dr. Sangster "recreant"! Dr. Sangster "subservient"! Perish the thought. Our good friend gives himself a fine certificate of character. Would it not be better if endorsed by his fellow members? And still better were it endorsed by the electorate?

The doctor says, "The inextinguishably funny feature of this episode in Council debates lies, however, in the fact that, of all the members of the 'Solid Phalanx,' Dr. Williams should have been selected as the exponent of the views therein set forth." This is very funny, no doubt, but scarcely funny in the sense he would like you to believe. The "inextinguishably funny" part is that, as to truth, it is foundationless. That the doctor will make such a statement and attempt to palm it off for fun is truly *very funny*. As leader of his "Little Phalanx," perhaps he can assign subjects on which they wish to air themselves and get into print, and he would like to convey the impression—as if in fun—that there is another party following the same line. Every member of the Council, however, knows, as well as Dr. Sangster, there is no such party.

On this "funny" page the doctor is very economical with statements that are facts, and lavish with half truths. These judiciously used, interspersed with words and sentences treated with his masterly sophistry, enabled him to put up a "very funny" page—a page that would do credit to the best penny-a-liner. He must be congratulated that with his happy nature he can extract so much fun from so little a matter. But there is an end to all things, even to fun. And it ends, leaving the doctor in a sympathetic mood. Hear him. "I sat down, I confess, with the intention of having for myself and readers a little quiet fun at Dr. Williams' expense, out of that lecture; but I have refrained." Thank you, doctor, it is so kind to save me expense in these hard times, and then to deny yourself the fun! It is so kind. "I would not enter on my list of friends . . . the man who needlessly sets foot upon a worm."

Rather amusing is the manner in which the doctor culls a few sentences from remarks made by me at some time, and gives them his approval. He makes them read, "that we ought to believe our opponents 'honest' in their motives; that we can secure by mild methods what we cannot drive out of the Anglo-Saxon; that coercion finds but little favor with men constituted after the ordinary type of human nature." "These," he says, "are just some of the truths

the Defence Association have been insisting on for years past." Indeed! When? Is it when telling their fellow members they were "ductile," "recreant," or "subservient"? Or is it when characterizing their speeches as being "not merely specious or inane, but as flat as dishwater and as flavorless as tripe without onions." It is a fine thing to approve good sentiments, better to practise them. When the doctor and his followers practise, it will be conducive to harmony in the Council, and profitable to the profession.

Again he says, "If Dr. Williams now really believes what he says, and will act up to his belief, another short step or two will make our rapprochement complete, and thenceforth the territorial representatives in the Council will present as unbroken a front as the schoolmen or homœopaths." From this you are expected to infer that I am the ONE unfortunate territorial representative who is not in his following; and were I to give up my individuality, and attach myself to his wing, all would be lovely. Does he forget that individual intelligence has so far asserted itself that he can scarcely keep in leading-strings a greater number than he can count on the fingers of one hand? Where are the other ten or twelve territorial men, who never allowed him to do their thinking? Are they prepared to lock up their intelligence and vote as he indicates? Will they too be foolish enough to suppose a Council can be run successfully on party lines without a government? The school-master has been abroad too long to indulge such a thought. Should, however, the doctor cease to be a party leader, and use his marked ability and scholarly attainments for the benefit of the profession (not for the furtherance of party ends), and trust to each member of the Council intelligently examining every question that is presented, it is quite probable he will then find himself voting, not simply with a majority of territorial men, but with a majority of the Council.

After selecting some words I may have used at some time, the doctor is troubled with what he is pleased to call my inconsistencies, "blowing hot and blowing cold." Well, I am sorry I cannot tell him on which side I will be, whether "blowing hot or blowing cold," of questions not yet raised; but of one thing he may be assured, I will NOT be found with my sleeve pinned to his coat-tail, or that of any other party leader, to be dragged whither he wills.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, December 24th, 1896.

Medical Council.

Interests of medical electorate unsafe in hands of Executive Committee in its present shape—It has never respected Council's published curriculum—Its laxity in this respect inspired and made feasible the efforts of Schools to establish a matriculation standard fixed at minimum of Council's actual, not published, requirements—Council's curriculum as to matriculation has been merely a paper curriculum—Some pertinent questions.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In my last letter but one, I took occasion to explain that, in the matter of professional politics, medical school journals are necessarily and notoriously tainted sources of information and advice, and that, consequently, their editorials thereon—howsoever plausibly they may be set forth—are, if accepted by the electorate at all, to be so accepted only critically and with much reserve. Unhappily, before the era of independent medical journalism in Ontario, these were the only local periodicals within the reach of the electorate, and they were not without their influence in forming the public opinion of the profession, which they never lost an opportunity of warping to their own ends. Even yet we occasionally meet with a medical fogey—old, middle-aged or young—who still accepts their contentions at their face value, but I trust and believe that most of my fellow-practitioners in the Province have, at last, learned that the only safe and proper frame of mind—in which to peruse the editorial lucubrations of medical school teachers and professors, touching whatever pertains to the government, internal economy or well-being of the profession—is that of *Aeneas*, "*Timeo Danaos et dona ferentes*."

My last letter was devoted chiefly to a review of the very far-fetched excuse invented by Dr. Williams, on behalf of himself and a few other territorials, for uniformly opposing by their votes and influence all efforts at retrenchment and other needed reforms projected in the interests of the electorate. While admitting that there is, happily, increased snap in the Council debates, I asked your many readers to go to the record and to critically examine the terms in which these reforms were urged, and to then judge for themselves the utter inadequacy of the "most lame and impotent" apology suggested. A representative's obligations to his constituents are imperative. They are not to be measured by the one-foot rule of private likes or dislikes. He is bound to regard every question that may arise in debate, touching the interests and well-being of the electorate,

strictly and solely on its merits, and to vote accordingly. And if, therefore, instead of simply rallying my friend Dr. Williams on his now famous production—I had been disposed to treat it in a more serious vein—I might have asked your many readers to consider the hardihood of any man sent to that Council to guard the rights and interests of the profession pleading his personal disrelish for the language employed as a valid excuse for shirking the clear and obvious behests of official duty. It is, however, hardly possible that any one of the gentlemen concerned will now venture to insult the intelligence of his constituents by parading this studiously sought-for plea in extenuation of an alliance, or of a course of procedure, certainly adverse to the vital interests committed to his charge. For the rest, Dr. Williams' suddenly developed inappetency for "spice" would command more respectful consideration if it were more impartial or less paroxysmal—if, while so intolerant of the mildly spiced syllables of his opponents, he were more careful to avoid the very mordant appellatives he himself so frequently applies to others, and, especially, if he did not gulp, not only without a grimace, but with evident gusto, the somewhat coarsely cayenned elegancies that occasionally fall, in the Council chamber, from the cultured lips of one or other of his University associates of the Inner Circle.

When tempted into this digression, I was discussing the composition, power, mission and animus of the Executive Committee of the Council, and I had promised to show that, in its present shape, and as at present controlled, the interests of the medical electorate are not safe in its hands, being liable to be sacrificed, at any moment, at the behests of the schools. To this latter task I proceed now to address myself.

Up to the present year the requirements of the Council, as *published* on the first page of the Regulations in the Annual Announcement, state that every intending student in medicine shall matriculate, and shall become registered as a matriculate in the Council books, and that he shall *thereafter* spend in actual professional study two years before he is eligible to take the Primary, and four years before he can present himself for the Intermediate or Professional examination. One of the changes engineered into the Act by the schools last spring lets down this particular panel of the fence so that now, and hereafter, a man who has never matriculated at all may present himself for the Primary examination, and two years subsequently—provided he matriculates in the interim—he may claim admission to the Intermediate or Professional examination. The meaning of which is that a student no longer needs to spend, after matriculation, a period of four years in

the actual study of his profession; he may, under the existing arrangement, leave the plough, the work-bench, the anvil, or the barber's chair, an unlettered boor, and condense his whole general and professional education within the sorry compass of four years, and, of course, the fact that this can be and is done, can and will be paraded by the schools as an additional allurements to the study of medicine.

It fell to my lot last spring, both as a private member of the Council and in my capacity as a member of its Committee on Legislation, to interview different members of the Ontario Government, and to strongly, though, as the event proved, ineffectually, remonstrate with them on the impolicy and the injustice of this and other changes proposed by Hon. Mr. Ross' Bill. I found that the Government was already committed to the measure in its main features, and that the only alternative open to the Council was "Hobson's choice"—to behead itself or suffer decapitation at the hands of the Legislature. I learned, without much surprise, that it had been represented to the Government that, in making provision for the changes proposed, it would only be giving official effect to relaxations in the Council's curriculum and matriculation requirements which had been recognized and granted prior to 1895 by its Committee on Education, and which were still sanctioned and acted upon by its Executive Committee, the latter body having admitted one or more applicants to the very last Council examination on this shortened course. This, naturally, sealed my lips and closed the interview, and I could only retire in humiliation, wondering whether even this mortifying disclosure would suffice to overcome the fatal *vis inertiae* of the profession. I made it my business, subsequently, to ask the Registrar if a student, whose name I gave, had been permitted to pass on this shortened curriculum, and I was answered in the affirmative. Nor is this by any means a solitary instance of that Committee's treacherous laxity. If in the Council or elsewhere I am challenged to the proof I am quite ready to supply it, and to show that the Executive Committee has long been in the habit of stultifying the Council by ignoring or over-riding its paper curriculum. And I would really like to ask my fellow practitioners in the Province what they mean to do about it. I propose showing in a coming letter that the Committee on Education had prior to 1895 been reduced to the status of a mere exponent of the educational behests of the schools. Its previously lax methods were, however, sharply and satisfactorily astringed a year ago last June, and there is no longer much probability that it can ever again, under existing circumstances, be so successfully manipulated in the special interests of the educational bodies as it has been in the past. But what benefit is

likely to accrue from a more stringent performance of duty by the Committee on Education, if the practically irresponsible triarchy known as the Executive Committee is suffered to remain a back-door of entrance, through which the schools—who hold its key—can shovel into the profession, *ad libitum*, material not of a quality to bear inspection by any member of the Council outside the Solid Phalanx? And how can we expect the Government or the Legislature to respect the Council's curriculum, when it can be abundantly shown that the Council does not insist upon its being respected by its own committees? And why should we call the Ontario Government hard names and express indignant surprise at its lowering our matriculation requirements at the instance of the schools, and yet be ready to condone the faithlessness of those, whom we ourselves have elected and sent to the Council, to guard the portals of the profession and to see that the established curriculum requirements shall be honestly and rigidly and universally insisted on? And why any longer live in a "Fool's Paradise" by accepting as real, and innocently boasting of, a curriculum, whose chief merit is that it reads well on paper, and whose principal defect is that, through our own culpable supineness, it has never, at all events as far as its matriculation standards are concerned, been faithfully and honorably applied, without fear or favor to all alike, so as to stem, in any perceptible degree, the demoralizing drift into the profession?

The anomalous actions and unwarrantable assumptions of the Executive Committee call for and shall presently receive further review. I am, however, satisfied at present to rest my contention that the interests of the profession are not safe in its hands on the proofs herein adduced that the schools hold the strings that control its movements. To recapitulate: I have shown with regard to this committee that:

1. The law says it shall consist of five members.
2. The "Solid Phalanx" overrides the law and says it shall consist of only three members.
3. Of the three members, two, the schoolman and the homœopath, neither owe nor profess to owe any allegiance to the medical electorate.
4. Consequently the profession would have no adequate control over its actions even were the third man leal to its interests.
5. In point of fact no territorial representative even suspected of being troubled with any special sense of loyalty to his constituents can attain to membership in this committee in its present shape.
6. Consequently the profession has, in practice, no control over it at all.

7. As the Legislature has given us seventeen members in a Council of thirty, the profession should have three members in an Executive Committee of five.

8. The Committee has habitually ignored or overridden the Council's published curriculum of requirements, and still does so, or did so at the close of last year.

9. Its laxity in this respect was used with fatal force to induce the Government to adopt the minimum of its requirements as the maximum of what should be in future enforced.

10. Upon the flimsiest possible pretexts it assumes the right to close all avenues of information concerning Council matters, even against members of the Council who chance to be not of the Inner Circle. (See Announcement for 1895-96, p. 122.)

I purpose devoting my next letter to the exposure of a most insolent and unauthorized assumption, by this Committee, of one of the Council's most important and cherished functions, after which I shall proceed to review the arguments (?) advanced to defeat our effort to give the profession its lawful and righteous representation on the Executive Committee, as reported on pp. 98 to 103 of the Report of Proceedings in the Announcement of 1896-97, which I commend to the careful perusal of your readers. As a similar effort will be made in the coming session of the Council, I think the electorate should be fully and carefully informed on the subject, so as to read the Proceedings of next year with interest and effect.

Yours, etc.,

Port Perry, Dec. 12th, 1896.

JOHN H. SANGSTER.

The Council's Proposed Petition.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—At its last meeting, the Council decided to circulate among the medical men of the Province, a petition asking the Government and Legislature to block the introduction of all legislation touching the Council's prerogatives, and the provisions of the Medical Act, except such legislation shall be at the instance of or sanctioned by the Council itself. Since the issue of the last Announcement I have received a number of letters asking for information and advice as to signing these petitions. Many of these I have answered individually, but, as the subject is one of interest to all, perhaps you will kindly permit me to say through your widely read journal that I think no

intelligent member of the College, who is alive to the possibilities of the future, will be found stultifying himself and gagging the electorate by attaching his signature to any such petition. The Council is, at present, completely in the hands of interests hostile to the profession, and there it must remain, at least, until after the next territorial elections. And to place any such reserve power in its hands would be to supply it with a wet blanket to be used, on occasion, at the instance of the schools, to stifle the just and reasonable aspirations of the electorate. The Council shows no disposition to retrench. On the contrary its policy of expansion is only limited by its power to squeeze contributions out of members of the College. It needs no Solon to foresee that it is only a question of time when it will find its monetary appetite so developed that it will have to approach the Legislature asking for power to increase the annual fee to \$5.00, or to \$10.00, or to \$20.00. Were this petition universally or even generally signed it would, without doubt, be effectually paraded on such occasions, as a charter of the profession's unlimited and child-like confidence in its wisdom and faithfulness. *Cure canem.*

Yours, etc.,

Port Perry, Dec. 12th, 1896.

JOHN H. SANGSTER.

The Treatment of Tic Douloureux.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In yours of September is recorded Dr. Dana's treatment of Tic Douloureux, p. 84. Now, if the doctor confines himself to a recommendation for the cure of this disease only, which is situate in the three branches of the fifth nerve, it is not so much open to objection as if he were speaking of neuralgias generally, but even here I must join issue with him in the treatment he recommends for a diseased condition of the trifacial, for I have found that each branch requires a different treatment. These, as you know, are nerves of sensation only. When the supraorbital nerve issues through the superciliary foramen it is much exposed to injury and to the effect of the cold weather and from no other distant cause, a liniment of aconite and chloroform rubbed gently in will afford instant relief, followed by a few repeated doses of Dover's powder.

The infraorbital, most often affected and covered more closely by integument, is best treated by gelseminum and an ointment made of morphine and lanoline combined with a little camphor, but both are benefited by warmth and the application of *veratrine* externally.

When the inferior or maxillary branch is the seat of pain it affects the teeth and jaw and stops at the symphysis of the chin curiously enough. Now the specific for this branch is belladonna or atropine, both externally and internally, and all are benefited by warmth and gentle purgation, but we must look at the *fons et origo* of this painful disease to cure it.

I have never found strychnine alone to do any good, as so strongly recommended by the doctor, for where there is pain and irritability it does a great deal of harm, especially in plethoric persons with head symptoms, and must be avoided. The cause of this disease may be from rheumatic or gout poison, then colchicum and Epsom salts are the remedies. If miasmatic; quinine and salicylates. If from poverty of blood, then you may give strychnine with your iron. But we must always be on the lookout for reflex symptoms, first described by Dr. Marshall Hall, for with intraocular neuralgia we may have disease of the brain and its coverings, the foramina out of which the nerves exude may consist of enlarged bone pressing on the delicate nervous structure, or a tumor may exist in the immediate neighborhood, or the neuralima be inflamed, which is often the case in rheumatic persons, for this covering is of fibrous origin and very subject to its influence.

How common it is for the inframaxillary nerve to be upset by a decayed tooth or inflamed dental nerve, when the only remedy is extraction.

Sometimes we must look to the blood as a causation of disease—the nerve is crying out for rich, healthy blood, instead of the poor, watery stuff that is starving it to death.

We may expect many reflex symptoms in the female sex, for the manifestations of their nervous system are so astounding as to deceive the physician. Who shall fathom the profundity of hysteria or the protean forms of epilepsy and catalepsy? Often amongst women profuse and debilitating discharges are the cause of neuralgia, also from a sick stomach, relieved instantly by an emetic.

If Dr. Dana intended to describe all kinds of neuralgia under the name of *tic douloureux* he has fallen far short in the picture, for we do not find arsenic or phosphorus even noticed—very efficient drugs in their treatment. Also the magician's wand, the hypodermic needle, is not mentioned, and what doctor would be without it in the presence of neuralgia of any description?

Yours truly,

Picton, Ont.

H. B. EVANS, M.D.

Book Notices.

Anomalies and Curiosities of Medicine. By GEORGE M. GOULD, M.D., and WALTER L. PVLE, M.D. Handsome imperial octavo volume of 968 pages. Prices, cloth, \$6 00 net; half morocco, \$7.00 net. Ready January 1st, 1897. Issued by W. B. Saunders, Philidelphia.

Several years of exhaustive research have been spent by the authors in the medical libraries of the United States and Europe in collecting the material for this work. Medical literature of all ages and all languages has been carefully searched, as a glance at the bibliographic index will show. The facts, which will be of extreme value to the author and lecturer, have been arranged and annotated, and full reference footnotes given, indicating whence they have been obtained. As a complete and authoritative book of reference it will be of value not only to members of the medical profession, but to all persons interested in general scientific, sociologic, and medico-legal topics; in fact, the general interest of the subject and the dearth of any complete work upon it make this volume one of the most important literary innovations of the day. An especially valuable feature of the book consists of the indexing. The plan has been adopted of printing the topical headings in bold face type, the reader being thereby enabled to tell at a glance the subject-matter of any particular paragraph or page. Illustrations have been freely employed throughout the work. The careful rendering of the text and references, the wealth of illustrations, the mechanical skill represented in the typography, the printing, and the binding, combine to make this book one of the most attractive medical publications ever issued.

ANNOUNCEMENT.—E. B. Treat, publisher, New York, has in press for issuance early in 1897, the *International Medical Annual*, being the fifteenth yearly issue of that well known one volume reference work. The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons, of international reputation, and will present the world's progress in medical science. The publisher states that the kind reception accorded to the "*Medical Annual*" has rendered it possible for him to spare no expense in its production; while the editorial staff have devoted a large amount of time and labor in so condensing the literary matter as to confine the volume within a reasonable size, without omitting

facts of practical importance. The value of the work will be greatly enhanced by the thoroughness of illustration, both colored plates and photographic reproductions in black and white will be used wherever helpful in elucidating the text. "To those who need the condensed and well-arranged presentation of the medical advances of the past year—and this class must necessarily include all physicians—we heartily commend the 'International Medical Annual.'" The volume will contain about seven hundred pages. The price will be the same as heretofore, \$2.75. Full descriptive circular will be sent upon application to the publisher.

Personals.

DR. C. H. THOMAS has located at Gormley.

DR. J. P. HUBBARD has removed from the city to Forest.

DR. HAMILTON, of Parkdale, has opened an office on Dundas Street West.

DR. A. E. AWDE, late of Toronto, has commenced practice in Philadelphia.

DR. LEE, of Niagara-on-the-lake, has sold his practice and is going to British Columbia.

DR. HERBERT FERGUSON, late of the Children's Hospital, Toronto, has returned from Mexico and settled on King Street East, in the office of the late R. J. Hastings.

DR. D. CAMPBELL MEYERS has recently commenced a clinique in connection with the Free Dispensary on Simcoe Street, where he will see indigent nervous cases, on Tuesdays, at 1.30.

WE were glad to see that Surgeon-General Moss, of Jamaica, has been made a K.C.M.G. All medical travellers to that delightful island have pleasant recollections of his urbanity and kindness.

WE are pleased to learn that H. A. Bruce, M.D., Toronto, who has been studying in England for the past two years, has added F.R.C.S. to his name. Congratulations, "Herbby." Dr. Bruce took a splendid course at college, graduating in '92 at the top of his class; spent the following year in the old T. G. H.; the next year on one of the C.P.R. trans-Pacific lines, and then went to London. His early intentions were to settle in Toronto with the Four Hundred.

Obituary.

Dr. R. H. Gowland.

RECENT graduates of the University Medical Faculty will be saddened to hear of the death of R. H. Gowland, who graduated in '92. Dr. Gowland was well liked in college, being a thorough gentleman. He took an active part in the various societies and at the same time was a very hard student, as his rank as a silver medallist showed. After graduation he went to Europe, and returned after some months and settled in Hamilton. A wife and child mourn his loss, to whom we extend our sympathies.

Dr. W. J. Glassford.

Dr. W. J. Glassford, of Scotland, Ont., died January 2nd. He was taken ill with pneumonia on the Sunday previous to the day of his death. He was thirty-six years of age, and was born in Vaughan Township. He took his course in medicine in the Toronto Medical School and Victoria College and graduated M.D. in 1887. Deceased leaves a widow and one child. He was a member of several friendly organizations, and had a large practice and was much beloved by his patients.

Miscellaneous.

A New Aperient Water.

By PRIVY COUNCILLOR PROF. OSCAR LIEPFREICH.

(Regius Professor of Pharmacology, University of Berlin.)

It has oftentimes been pointed out, and that, too, with reference to mineral waters, that the first condition of therapeutic efficacy is the constancy of the remedy employed. In the case of natural mineral waters this point is of the greatest importance.

The aperient waters offer the one sole exception in regard to this constancy among our natural mineral springs. These are formed by

impregnation of the natural basins which supply the mineral constituents. From this, as observation teaches us, there arises an extraordinary inconstancy of the chemical constituents. The aperient waters, therefore, form an exception to the mineral springs proper. For medical purposes it is absolutely necessary, in prescribing this water, to know the dose. It has happened not infrequently that a wineglassful of aperient water has been shown to contain the same amount of mineral constituents as the practitioner would, from the analysis, expect to be present in a tumblerful. It is obvious, therefore, that neither the practitioner nor the patient can form a correct opinion in this manner; and under these circumstances it may even happen that an unexpectedly great degree of concentration may do harm by useless irritation of the intestines. There is a further disadvantage arising from changes in mineral constituents, so that, instead of the sulphates which the water should contain, chlorides are present in an injurious amount. The opinion has very often been expressed that the bottling of such waters should be under scientific control, so that their proper constitution should be ensured exactly in the same way as that of other medicines is regulated by the Pharmacopœia.

It is, therefore, a matter for high satisfaction that the aperient water, "Apenta," from the Uj Hunyadi Springs in Ofen, has been placed under State control. The Royal Hungarian Chemical State Institute (Ministry of Agriculture) has undertaken this charge, and, therefore, it is now possible to obtain a water which is free from injurious extraneous waters infected with organic substances. The analysis has been published by Professor Liebermann, Director of the said Institute. The proportion of sulphate of soda to sulphate of magnesia is 15.432 to 24.4968 in the litre, so that this water is to be classed with the best aperient waters, and may be pronounced one of the strongest. Owing to the constancy of the Apenta water ensured by the State guarantee, that confidence in aperient waters which had been lost will be revived in favor of this important therapeutic agent. The constancy of the Apenta water makes the use of it indicated not only as an occasional purgative, but in systematic courses of treatment. It is particularly recommended for the regulation of tissue change in the most diverse diseases, in obesity, chronic constipation, portal obstruction, hæmorrhoids. Whether the lithia contained in this water is of any therapeutic importance is at present doubtful, but its presence is a distinctive feature in the analyses.—From the *Therapeutische Monatshefte*, Berlin, June, 1896.

The Better Known, The More Approved

The simplicity of the combination is not more important than the method of obtaining the laxative principles of Senna to combine with aromatic carminatives, pure white sugar, water, and a small quantity of the juice or soluble substance of figs, to form the family laxative manufactured by the California Fig Syrup Co., and known to the medical profession by the fanciful name : : :

Syrup of Figs

given to the preparation to distinguish it from all other laxatives. The high standing of the managers of the California Fig Syrup Co. with the medical profession, and its special facilities for manufacturing a perfect laxative, guarantee to physicians the excellence of this product. : : : : : : : : : : :

It is never sold in bulk, but in original packages only, which retail at 60 cents per bottle. Physicians wishing to prescribe "Syrup of Figs" may prevent substitutes by having their patients note the name of the California Fig Syrup Co. on the package.

CALIFORNIA FIG SYRUP CO., San Francisco, Cal.; Louisville, Ky.; New York, N. Y.

LISTERINE.

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ICHTHYOL IN THE TREATMENT OF GONORRHOEA IN THE FEMALE.—Canova (*Centralblatt für Gynakologie*, No. 41, 1896), after having employed ichthyol in a large number of cases, recommends the injection of a $\frac{1}{2}$ per cent. solution as the best method for the cure of gonorrhœa. He particularly states that the injection is easily borne, and that it does not cause pain. The result is always positive; after the first injection the inflammation disappears, and in some cases the patient is well in six days.—*University Medical Magazine*.

THE STERILIZATION OF CATGUT.—Gueynatz (*L'Abeille Medicale*, No. 25, 1892) recommends the use of a $\frac{1}{2}$ per cent. solution of silver nitrate to sterilize catgut. After removing the fat it is placed in this solution for twenty-four hours. That this renders the catgut sterile has been proven through experimentation on animals. He also recommends dry heat at a temperature of 150° C. for two hours as a sure method of sterilization. A higher temperature than 150° C. renders the catgut brittle.—*University Medical Magazine*.

THE FEMALE BICYCLISTS IN CANADA.—Canadian readers of the *Medical Record* (and they are many) were somewhat amazed to notice in a recent issue an editorial on "Immorality in Canada." The startling statement had been made in an advertising venture, which, to the disgust of every one, presumes to style itself a medical journal, that cycling, instead of adding to the health and the beauty and the charm of women in Canada, was indulged in as "a means of gratifying unholy and bestial desire." The *Medical Record* did well to say that it hesitated to believe such a report. Probably the slanderous article would not have been read by half a dozen had not attention been thus directed to the calumny on Canadian women. The source from which the slander emanated would deter any Canadian journal from noticing it. The conclusion arrived at by the *Medical Record* that our women are "victims of a contemptible slander" is correct. Canada has reason to be proud of her robust daughters, and to them exercise has proved a healthful and benign exercise. To Canadians it is both a surprise and a shock that anyone would publish such an infamous libel as that to which the *Medical Record* has justly called attention.—*Correspondent Medical Record*, December 26th.

To say that the writer in the *Dominion Medical Monthly*, which we blush to say is a Canadian journal (*sic*), is talking the foulest slander of our women, is mild. Could it be sure *who* wrote it, even devils might pity him. Was he disappointed in getting an *ad* from some bicycle firm?—*Ed. Canada Lancet*.

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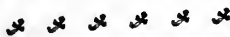
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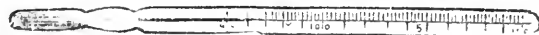
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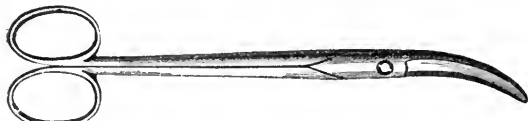
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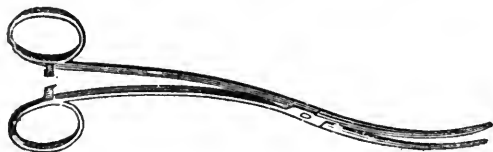
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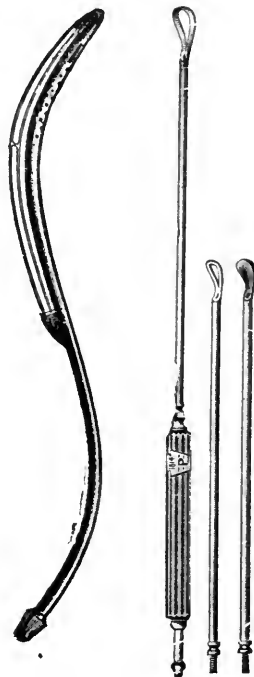
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VOL. V.

TORONTO, FEBRUARY, 1897.

No. 2

Original Communications.

Clinical Notes on Hysterectomy for Large Fibroids.*

By J. F. W. ROSS, M.D.,

Gynaecologist to Toronto General Hospital, St. Michael's Hospital and St. John's Hospital for Women, Professor of Gynaecology in Women's Medical College and Lecturer on Clinical Gynaecology in Toronto University.

At the meeting of the Southern Surgical and Gynaecological Society held at Richmond, Va., in 1891, I advocated total extirpation of the uterus for large fibroids and outlined a method of procedure. On November 3rd, 1891, I carried out this procedure and performed the operation of total extirpation of the uterus in a young woman in the Pavilion of the Toronto General Hospital in the presence of the Superintendent, a body of students and house staff. The operation was performed as originally outlined.

The patient was placed in Trendelenburg's position, the tumor was drawn out of the abdomen, the ovarian artery was ligated on each side, the small artery running to the round ligament was ligated on each side, the uterine artery was ligated on each side, and a clamp

* Read at meeting of Toronto Medical Society.

applied after splitting down the broad ligaments. I thought at that time that it was wise to use a clamp as a temporary precaution against hæmorrhage. After the application of the clamp the tumor was removed, and as a consequence the pedicle was dealt with more readily than if the tumor had been left in situ. Eastman's staff was then passed up into the vagina and cut down upon from above. A ligature was then placed around the base of the broad ligament on each side and the cervix was entirely removed.

Dr. Eastman, of Indianapolis, was the only operator on this continent, to my knowledge, who had, previous to this date, performed the operation of total extirpation of the uterus for the removal of large fibroid tumors by this or a similar method. Younger operators have endeavored to steal the credit of the operation from Dr. Eastman, and have, as is often the case, entirely ignored the work done by others. It is a pity to see men engaged in scientific work quarrelling over trifling matters of priority. No doubt many operators in other countries have been doing this work along new lines, and have not received a single idea from those who set themselves up as the originators of the so-called "my method." Idols are set up for worship, and the medical journals are used for protecting them. I desire to report three cases in which the method of operation has been somewhat modified.

Case 1. Miss B., aged 39, suffering from large multinodular fibroid. Operation performed October 30th, 1896, in the Pavilion, Toronto General Hospital. I opened the abdomen in the median line and drew out a large fibroid tumor attached to the right uterine cornu. Another tumor attached to the side of the body of the uterus was also drawn out; this was smaller than the first.

First step. The ovarian artery was felt for and tied off together with its accompanying veins on each side, and a pair of forceps placed on the tumor side to prevent regurgitation of blood from the tumor. The round ligament not appearing prominent in this case it did not require ligation. The uterine artery was then ligated en masse on each side after carefully outlining the bladder. The tumor was then removed. The stump left continued to ooze, and this is the point to which attention should be carefully directed, namely, that in spite of ligation of the round ligament artery, ovarian and uterine arteries, the stump will continue to bleed and the bleeding may be of such a quantity as to prove serious. *The cervix being small, I passed a needle through its centre from before backwards, and ligated it in two halves with an interlocked stout silk suture.* This at once controlled the hæmorrhage. The vagina was not opened. The

peritoneal edges were then brought across the stump and *the ligatures drawn out through the abdominal wound*. A glass drainage tube was placed in the cul-de-sac of Douglas. Some hours after blood began to come through the drainage tube. I felt uneasy; the ligature no doubt had cut into the uterine tissue, and as a consequence had become somewhat loosened and permitted the tissue to bleed. It was fortunate in this case that a drainage tube had been placed. Had this not been done I am satisfied the patient would have lost her life. She made an excellent recovery. The ligatures came away in three weeks. In passing the silkworm-gut sutures two were passed through the stump of the cervix to hold it close beneath the incision.

Case 2. Miss R., aged 42. Suffering from a large fibroid tumor of the uterus. Operated on November 24th, 1896. Opened the abdomen in the median line. Found it necessary then to enlarge the opening very much so that finally it extended from the symphysis pubes to four inches above the navel. A great deal of difficulty was experienced in drawing the tumor forward. After it was drawn forward sponges were immediately placed in the abdominal cavity and the upper part of the incision, as far as the navel, was closed with silkworm-gut sutures. The ovarian artery on the right side was ligated and another ligature was placed on the tumor side to prevent regurgitation of blood from the tumor. The uterine artery was then ligated after the limitations of the bladder had been carefully made out. The uterine artery could be felt pulsating beneath the finger. The round ligament artery was ligated on each side, and the peritoneum over the front of the tumor split to permit of retraction of the bladder. The left ovarian and uterine arteries were then dealt with in the same manner. It was difficult to find the left uterine artery owing to the fact that a lobule of the tumor was growing down into the base of the broad ligament. The uterus was now removed, except the supra vaginal portion of the cervix. Again in this case there was still bleeding from the pedicle, notwithstanding the fact that both uterine, ovarian and round ligament arteries had been carefully occluded in ligatures. *The cervix was transected with a needle and tied in two halves by an interlocked stout silk suture*. The peritoneum was then stitched over the stump, and *the ligatures were drawn out through the lower portion of the abdominal wound* and the stump was fastened close beneath the incision by two of the silkworm-gut sutures passed through it and the abdominal wall. A drainage tube was placed in the cul-de-sac of Douglas. In this case after some hours, a considerable amount of blood was removed through the drainage tube, though the tube was perfectly dry for

some time after the operation. I am satisfied that the ligature on the cervix loosened its tension by cutting through the tissue, and blood was allowed to escape as a consequence.

Case 3. Miss C., aged 42. Diagnosis, fibroid tumor. One fibroid with pedicle felt freely movable in the abdomen and the tumor behind the uterus fixed to the pelvis. This fixation evidently due to old inflammatory adhesions due to puncture. Had been treated with electricity for some time. Electro puncture used, but not by me.

Operated on in the Toronto General Hospital, January 13th, 1897. Opened abdomen in the median line. Tumor drawn out of abdomen and found growing from fundus of uterus on the right side by a pedicle about as thick as two fingers; another tumor growing down in the pelvis found to be adherent to the pelvic walls and the rectum. Rectum peeled off for considerable distance. Omentum also adherent and peeled off. Adhesions bled freely but were clipped with forceps. Tumor finally drawn out. It was decided, owing to these adhesions, that it would be necessary to perform hysterectomy. The ovarian artery on the right side was ligated on the distal and proximal side and cut between. The uterine artery was then felt for. Peritoneum, with the bladder, was slipped down off the face of the tumor. Then tied off the left ovarian and the left uterine arteries. The tumor was now removed and I still found some oozing from the uterus, especially on the posterior part of the stump. *Transfixed this and tied in four sections.* Adhesions were then tied with silk ligatures and a drainage tube placed in the cul-de-sac of Douglas. Two sutures were passed through the wall and through the stump, and stump fastened beneath the wound. *Ligatures drawn out in front.* Wound closed with silkworm-gut sutures. Sterilized starch and acetanilid gauze dressing.

Since performing these three operations, and finding the ease with which the ligatures can be removed, I began to think that perhaps in all cases the ligatures should be brought out through the lower end of the abdominal wound instead of through the vagina. To cut these ligatures short and leave them on tissue that is liable to slough, can scarcely be considered a good procedure. In one case in which I left the ligatures, one of them worked its way through into the rectum, and during this process caused considerable rectal tenesmus and hæmorrhage. Other operators have removed such ligatures from the bladder. I saw one operator remove a stone from the bladder, the centre of which was a silk ligature that had been placed on the pedicle of an ovarian tumor by another surgeon two or three years before. After the removal of pus tubes we frequently

find ligatures extruded through the drainage tube tract. This is, no doubt, due to the fact that the ligature is placed upon material that is already infected. In the two cases just reported there was very slight irritation produced by the presence of these ligatures. In one case no pus was found, in the other there was a very slight discharge of pus from the track of the ligatures. In other cases in which the ligatures have been drawn down through the *vagina* they have apparently become readily infected, and have produced considerable offensive vaginal discharge, notwithstanding the fact that iodoform gauze has been drawn through the opening with the ligatures.

The *entire* removal of the uterus can be accomplished by making the opening from above on to a uterine sound passed into the vaginal fornix behind the cervix uteri. The vaginal arteries should be ligated. It is from them that dangerous hæmorrhage may occur subsequent to operation. On account of the hæmorrhage that is liable to occur after transfixion of the stump of the cervix, I intend for a time, at least, to return to my former operation with the exception of the disposition of the ligatures. The cervix will be entirely removed, the vaginal opening closed, and the ligatures brought out through the lower end of the abdominal incision. This method of dealing with the ligatures will accomplish two objects, namely, the prevention of shortening of the vaginal canal; and secondly, a cleaner and readier removal of the ligatures. In all cases a drainage tube should be placed in the cul-de-sac of Douglas, and should be left for several days.

In an article on total hysterectomy for large fibroids, Le Bec describes the method he has adopted. He still holds to the vaginal disposition of the ligatures. I have tried this method and found it unsatisfactory. The method just advised of drawing the ligatures through the anterior abdominal wall may perhaps be equally as unsatisfactory, and a time may come when some material equally as reliable and more absorbable than silk may be found with which the pedicles can be tied; then the ligature element of total extirpation of the uterus will be a thing of the past.

If a single ligature applied for the removal of an ovarian cyst can produce trouble by working its way into the bladder, it is reasonable to suppose that five or six ligatures placed to control hæmorrhage subsequent to the removal of the uterus and left *in situ*, will increase this danger five or sixfold. The ligature may become a source of irritation long after the patient has left the surgeon's hands. He may never be made aware of the fact that the patient has been much inconvenienced by his silk knots.

Society Reports.

Toronto Clinical Society.

THE regular meeting of the Society was held in St. George's Hall, Wednesday evening, January 13th, 1897. President Dr. Allen Baines in the chair. Fellows present: Temple, Strange, Ryerson, Aikins, Pepler, Fotheringham, Anderson, Strathy, Baines, Brown, Graham, Spencer, King, McDonagh, Burns, Primrose, Grasett, Cassidy, Wright, Bingham.

Dr. W. H. Pepler was appointed Treasurer *pro tem.*, in the absence of Dr. Walker, who has removed from the city.

A case of Lacerated Perineal Wound, with Death from Sepsis.—Dr. Primrose read the history of a case. The patient was a little girl aged twelve, admitted under his care into the Children's Hospital, October 25th, for a lacerated wound of the perineum. Six days before she had fallen astride of a picket fence. The external sphincter was torn and the wound extended forward to the right labium, which was very much swollen. The child was in great pain. The temperature was 100°. The next day when he saw her the temperature was 101° and the pulse 100. Pain only upon examination. The next day the patient was operated upon, being the eighth day since the wound. The wound did not penetrate deeply. It had split the anterior wall of the rectum, extending to some depth into the perineum and through the vaginal wall. The abscess was opened in front. Pure cultures of the streptococcus were found. Iodoform gauze was passed up into the wound and boracic acid poultices applied. Next day the pulse was 96 and the temperature 100°. The swelling subsided. Two days after the operation the patient complained of pain in the abdomen; evening temperature 100.2°; was somewhat restless. Next day temperature 102°, pulse 138; evening temperature normal, pulse 120. Wound was dressed and a dose of calomel was administered. Child vomited some yellow fluid. The urine passed involuntarily. Pain in abdomen increased; morphia administered; great thirst. Temperature fell to sub-normal. The abdomen was not much distended, but was tender on palpation. Ten c.c. of antistreptococcic serum were administered. Vomiting persistent. Subsequently three other doses were given. After these doses the child seemed to rally from the almost collapsed state it was in. Salines per rectum and

hypodermically over the chest were given. Rectal enemata were also given during the later stages of the case. For the last two days no serum was obtainable. Death ensued. Post mortem.—There was a gaping wound in the right labium two inches long. The perineum was practically absent. There was greenish yellow pus in the peritoneal cavity. Pus was also found on the dorsal aspect of the sternum. There was a clot in the right ventricle. The heart muscle was pale and mottled. There were old pleuritic adhesions. There was a tubercular nodule in the right apex. The glands at the root of the lung were enlarged. The stomach was adherent to the liver. The spleen was pale and granular. The right lobe of the liver extended to the iliac crest. Section showed the liver pale and fatty. Looking into the bladder, which was normal, the end of the urethra was found to be gangrenous. The rectum was gangrenous one inch from the anus. The intestines were distended with gas. No communication could be found between the perineum and the peritoneum. The doctor adverted to some of the more interesting points in connection with the case. He thought the serum did some good in prolonging life. In looking into the sparse literature of the subject he had found one case of an acute septic peritonitis and metritis successfully treated with the serum.

Mr. J. J. Mackenzie was invited to discuss the question. He said: The case was one of great interest to me, as it was the first opportunity I have had of administering the antistreptococcic serum. The first work in connection with this kind of serum was done in the Pasteur Institute by Marmorek. The results were published and a short account of some cases of erysipelas in which it was used. There was little in the clinical notes that would allow one to judge of the value of the serum. The serum was got by inoculating horses with a virulent culture. The horses would take larger and larger doses until 200 c.c. were reached. It looked as if a condition of immunity had been established in the horse. Marmorek's work was not confirmed by Petrowsky, of Berlin. The work in connection with the antistreptococcic serum presents this difficulty. Bacteriologists have confused the various forms of poisons secreted by micro-organisms, and have spoken of the toxins as substances very similar to one another. They have extended the results obtained in diphtheria and tetanus to other diseases. As a matter of fact, there are two sorts of poisons produced by these organisms. First, a soluble poison, similar to the toxine of diphtheria, excreted by the germs. But in addition to these there is a poison associated with the bodies of the germs which is eliminated at their deaths. This latter toxine has an intense necrotic

action upon the cells. In diphtheria this is of little importance because the germs are thrown off very rapidly, and the poison will not pass into the system. In streptococcic and staphylococcic cases, the germs are practically in closed cavities, and instead of being thrown off are continually absorbed. We might get an antistreptococcic serum which would counteract the soluble toxins and be of service in the case if administered early, but it would not have any effect on the latter named poisons. In the successful case referred to by the reader of the paper I am doubtful if the serum had any effect. There would be a greater difference in the character of the antistreptococcic serum than there would be in the diphtheritic serum, as the streptococcus varies so tremendously in its virulence. So to get an active serum, it would be necessary to get an exceedingly active culture. Marmorek's serum was so virulent that he claimed a single organism introduced into a rabbit would kill it in seventeen hours.

Dr. Primrose pointed out that not only was there a difference in the toxins produced during life from those produced by the death of the germs, but that the action of the serum of those administered in cases of infection from the streptococcus was different in its action from that of the diphtheritic and tetanic serum; the antistreptococcic serum was germicidal, while the antidiphtheritic was not germicidal.

Dr. Temple asked if there were any indications for section and drainage of the abdomen.

Dr. A. A. Macdonald said that bearing upon the clinical value of antistreptococcic serum the communication of Dr. John D. Williams, as it appears in the *British Medical Journal* of October 31, 1896, ought to be considered. Though fourteen cases of severe puerperal septicæmia were reported, and though an amelioration of the symptoms followed the injections of the serum, the general results did not seem to be any better than what one would expect from local treatment by the use of rigid antiseptic methods combined with the ordinary general treatment commonly employed. Two of the cases proved fatal, and after the post mortem, Gaulard attributed death to the use of too much serum, viz., 10 c.cm. of serum (Marmorek) on the fourth, fifth, sixth and seventh days after confinement.

There appears to be a marked difference in the strength of the serum, as 60 c.cm. of British Institute serum were injected in one case in three days, and 85 c.cm. in another case in two days, both recovering. The British Institute of Preventive Medicine fixes the initial dose at 20 c.cm., to be followed by another 20 c.cm. if the temperature has not fallen. In view of the unsettled state of scientific opinion at the present time, it is well to be cautious in the use of

these serums, which, though they seem to produce beneficial results in some cases, are followed in others by high temperatures, erythematous rashes, and even death. He thought as good results could be obtained by the old method of treatment by removing the source of infection.

Dr. Primrose said that the signs of peritoneal invasion did not occur until so late a stage in the case that operation was not advisable. Not only might as good results be obtained from other methods of treatment as by the serum treatment in these cases, as the last speaker had held; but there was proof that the antistreptococcal serum did injury by producing the second toxine spoken of through the death of the germs.

X Rays on the Blind.—Dr. G. S. Ryerson said that with the assistance of Dr. King he had made some observations of the effect of the X rays on the blind, having heard and seen that such cases had been able to see through the use of the rays. Some of the subjects were only partially blind, and others totally. In one case the eye was gone entirely. After a most careful examination they noted that those in whom there was some degree of perception of light, and also in those who could to some degree perceive bodies, the X rays were visible. Those who were absolutely blind had no perception of light whatever.

Cardiac Murmurs.—Dr. J. E. Graham presented a heart. The patient had four murmurs before death—a direct and regurgitant aortic, a pre-systolic mitral and a systolic mitral. The aortic valves were badly degenerated, the result of syphilis. The mitral pre-systolic murmur, according to Flint, was due to the fact that the left ventricle never became free, there being always a certain amount of blood in it, the blood preventing the mitral valve from coming in contact with the wall; the segment of the valve being kept a little towards the centre of the chamber, when the left auricle contracted the blood would be driven over this prominent portion of the valve and the murmur produced. It was different in the heart shown. It was pointed out that when the chamber was dilating one of the segments was drawn over by one of the shortened chordae tendinae, the blood passing over which produced the murmur.

Röntgen Rays.—Dr. E. E. King then gave a demonstration of the Röntgen rays. He described the method of production of the electricity and the various apparatus needed to produce the ray. Many excellent skiagraphs were then shown representing various normal and abnormal conditions. The Fellows, with the fluoroscope, were able to examine their own and their fellows' osseous framework and numerous articles separated from the tube by intervening objects.

Refreshments were then served, after which the Society adjourned.

Toronto Medical Society.

THE regular weekly meeting of this Society was held in the Council building, January 15th, W. J. Wilson in the chair.

Osteomyelitis of the Femur.—Dr. F. N. G. Starr read a paper on "Osteomyelitis of the Femur," presenting mounted specimen. The patient, aged three, had come under his care in August last. Five weeks before, had complained of pain in the left thigh. There was no mark or injury. Physician consulted at the time recommended the application of tincture of iodine. After ten days, in which there was no improvement, a second doctor was consulted, who opened the leg, evacuating pus from an abscess. The femur was found to be largely denuded of periosteum. The lower epiphysis was separated. Drainage was made. As medical attendance could be made only at long intervals, and the nursing was bad, the case did not do well. The child was brought to Toronto. Temperature, 102° ; pulse, 140; respirations, 48, the patient was weak, anæmic and emaciated. Signs of distress and suffering were marked. Under an anæsthetic the shaft was found free, the epiphyses were separated, and a malodorous discharge exuded from the opening. The bone was completely riddled. After removal and irrigation, the cavity was loosely packed. A second abscess on the dorsum of the foot was opened, scraped and irrigated. Within a few days an abscess formed on the left leg, but was not connected with the bone. The staphylococcus pyogenes aureus and albus were found in this last opening, while in the former the bacillus proteus and an occasional staphylococcus were found. The child finally succumbed. The essayist pointed out that an early and correct diagnosis was most important in such cases, and an early operation by free incision desirable. He advocated the method he had used of removing the bone by first dividing the shaft into two segments, because it required only a small opening and caused less laceration and contusion. A point of interest in the case was the absence of the staphylococci from the medulla. Perhaps, he said, they were present, but owing to their confinement they had been destroyed by their own toxins.

Dr. A. Primrose spoke of the difficulty of early diagnosis in these cases. He found fault with the present classification of inflammatory diseases of bone. He reported several cases of this disease in which the early diagnosis was exceedingly difficult.

Dr. Oakley asked if the same antiseptic precautions were necessary in these septic cases as in ordinary clean cases.

To this last question the reader of the paper answered emphatically in the affirmative.

Aneurism of the Aorta.—Dr. J. Webster presented an aneurism of the aorta. The patient was a young man, strong and athletic. There was no specific history. In January, 1895, he began to complain of pain in the chest. The speaker saw him about a year later and diagnosed the condition, and ordered that he should be kept quiet; but these orders were disobeyed. He helped to lift a stove, after which the physical signs and symptoms were very much aggravated. On taking rest, and under treatment, he became considerably better, but again transgressed and was sent to the hospital. The tumor was large and perceptible, the sternum bulging out a great deal. The patient died about a month after leaving the hospital. At the post mortem the sternum was found to be eroded and the tissues suffused with blood. The aneurism and the aorta were filled with clot. It had ruptured through the skin in the median line of the neck.

Dr. Webster showed a second specimen. It was diagnosed a carcinoma of the pylorus. There were the usual symptoms found with stenosis of the pylorus. Post mortem. —The cancer was found to involve the pyloric end of the stomach, but not the pylorus itself, there being healthy tissue between the cancer and the pylorus. The neoplasm was circular in shape.

Ectopic Gestation.—Dr. J. F. W. Ross presented a specimen of unruptured ectopic gestation and read clinical notes on Hysterectomy for Large Fibroids. (See page 39.)

HÆMORRHAGE IN THE VULVITIS OF CHILDREN. Comby (*L'Union Médicale*, October 31st, 1896) warns students of medical literature against too implicit belief in reports of menstruation in infancy and childhood. The ordinary vulvo vaginitis is sometimes accompanied by distinct hæmorrhages, and in cases of hæmorrhage in children of two, six, and eight years of age, Comby found that the diagnosis of metrorrhagia or precocious menstruation was quite wrong. The blood did not come from the uterus, nor even from the vagina. Around the meatus urinarius were free vascular granulations, and the most gentle touch set up bleeding. All three children were subject to acute vulvitis with purulent discharge. This malady was cured by weak injections of permanganate of potassium and cauterization with a one in fifty solution of nitrate of silver. The above-described condition of the meatus seems identical with Broca's "prolapse of the urethra in childhood."—*British Medical Journal*.

Editorials.

The Proposed Petition to the Legislature.

A COMMITTEE of the Council have prepared a petition which they are asking the members of the profession to sign and send to the Legislature. Let us examine and see what are its prayers.

1st. It asks that the Legislature shall not amend the Medical Act without first submitting the bill to the College of Physicians and Surgeons. Do the committee think it is either wise or politic to ask the House to set aside its undoubted powers in order to consult a body of gentlemen who are never of one mind as regards the interests of the profession? Does not this paper say in effect to the members of the Legislature, you are not capable of judging as to what is best for *our* profession? Have the Council any reason to complain of the care of the profession's interests shown by members of the House who are medical men? Is not this request liable to bring them into direct opposition to the Legislature?

2nd. The Council ask to have full control of premedical education. What has been the experience of the past? The Council set an examination for matriculation which was absurd, for the reason that this particular standard must be passed, no matter if the matriculant had passed a year or more at a university. Consequently the universities protested, and the Minister of Education took the pre-educational standard out of the hands of the Council. This being the fact, this request is something of an impertinence on the part of the Council.

3rd. The restoration of the medical tariff is prayed for. Of what use was it? Does anyone know anybody who abided by it? Did it prevent twenty-five-cent fees? Has the experience of the past year shown that we need it? Was it not a guide to judges in suits for recovery of debts rather than to the profession, and are we not just as likely to do as well before the courts now as formerly? We think we are.

4th. The increase of penalties against charlatans will naturally meet with support by the profession, but it will not meet with favor by the members of the Legislature, because of the cry against close corporations and so forth. It seems to us that this petition is a tactical blunder, and will do more harm than good.

The medical members in the House can be relied upon to guard our interests. The disposition on the part of the Council to instruct the Legislature what it is not to do, will in the end react prejudicially upon the Council.

Have a Case Book.

EVERY doctor should have a case book in which to enter the history, at greater or less length, of every patient who may come under his care. At the end of the day, when he is making his day-book entry, a few extra moments will suffice in which to jot down the salient points of his cases. During his examination at the bedside he should take careful mental notes, if not manual, keeping in view his later transcriptions. The process will make him more careful and painstaking in his diagnosis (and who is there who could not be improved?) and give a greater zest to his reading. Beside, at the end of one year he will have in his possession many valuable clinical facts preserved in such a way as to be of future service to himself and available at any time for presentation to his confreres through his society or in the medical journals.

The Bicycle.

THE bicycle has come into general use among city physicians. The country practitioner, especially where the roads are good, is also finding it a splendid conveyance for urgent calls, or for use when his faithful horse is tired. We believe most medical men who have adopted the new means of transit confess to increased robustness from its use when judiciously used. The machine should be kept in thorough repair, well cleaned and oiled. The seat should be adjusted as not to press unduly upon the perineum, should not be too direct above the tread, and sufficiently high from the pedals to allow almost complete extension at the knee. The mistake, a common one, of pedalling directly up and down instead of in a circle should not be made. Whether the handle-bars be high or low, the back should be kept straight, flexion taking place at the hips instead of in region of the lumbar, dorsal or cervical vertebra. Few doctors need this direction except to be passed on to their patients who are devotees of the wheel. Indeed, they err often in the other direction—of sitting up too prim, and with elbows partly flexed appear as if holding

the electrodes of a battery, or as if lifting the front wheel off the ground. With the handles in such a position as to allow, by leaning forward, of a transference of part of the body weight to the front of the wheel the rider will be able to alternate his posture occasionally, which, if there be some distance to cover, he will find a very grateful change.

The Medical Council too Large and too Expensive.

DEAR SIRS,—I send you \$1 for your magazine. I hope the magazine may continue to denounce the Medical Council, as it is too large and too expensive. It is a huge octopus strangling the College to death.

We reproduce the above letter from a physician practising in a country town in Ontario, which is, to say the least, very suggestive, and which in no uncertain way expresses the feelings of a very large number of the medical electorate throughout the Province.

While we take exception to the statement that we "denounce the Medical Council," which this journal has never done, nor does it intend or desire to place itself in a position of antagonism to the Medical Council as a legislative body dealing with matters pertaining to our profession; yet we agree with the writer in his view that the Council, as at present constituted, is unnecessarily large, and very much too expensive.

An editorial from one of our staff, in our last issue deals with the former difficulty, and it must rest with the members themselves to lessen the expense of the annual meeting of the Council, which doubtless can easily be done if the proper spirit of economy is shown.

It appears from the yearly statement of the Treasurer that very little attention to economy has been manifested in late years. The profession of Ontario is not disposed to begrudge members of the Council a fair recompense for their time and ability; but the accounts, as rendered, for hotel expenses, mileage to and from Toronto, and daily pay to members, will scarcely repay investigation, and will in some cases do otherwise than redound to the credit of the individual member. We would advise the gentlemen composing the Medical Council that the eyes of the practitioners who send them there are being pretty widely opened to all they do, all they say, and all they justly earn.

Malpractice Suits.

OF late we have been treated to some interesting suits against members of the medical profession, for the recovery of damages for alleged improper treatment.

A short time ago, Dr. H. Wilberforce Aikins had an action brought against him to secure damages on account of his attendance of a case of sore eyes in an infant. He successfully resisted the claim; and succeeded in proving to the court that the treatment he had pursued was all that could be desired. We now congratulate him on his plucky fight in this case.

Just the other day Dr. J. H. Cotton, of Toronto, had an action fought out in the courts. The plaintiff, a woman of about 35 years of age, sued the doctor for \$5,000 for what she claimed was improper treatment. The doctor's defence was thoroughly satisfactory to the court, and a verdict was given for the defendant.

In addition to the above other actions are threatened, but we feel quite confident that when the defendants appear in court they will be able to give a good account of themselves.

The one feature about these cases that strikes us as of much importance is that a doctor should be subjected to so much annoyance and expense to prove that he was right. We regret to say that many of these suits are nothing better than ordinary blackmail. If the doctor would offer a sum of money they would never appear in court. Such suits should be fought out. There are lawyers who are only too willing to take charge of cases, however doubtful these cases may be, and advise their clients into legal proceedings, as a pure speculation.

We think the time has come when the medical profession should regard themselves as bound to resist those claims; and when a determined effort should be made to obtain such a modification of the law as to compel the plaintiffs to give reasonable security for the costs of the action. These would certainly shut out speculation cases.

These unpleasant actions may be sprung upon any member of the medical profession. We know of a case where a highly honorable and able practitioner of Toronto was threatened for some time with a suit for malpractice for intubating a child dying with diphtheria. It might be a good move to establish a defence fund under the management of a responsible strong committee of medical gentlemen. This united effort would deter foolish litigation.

Antistreptococcic Serum in Puerperal Septicaemia.

JOHN D. WILLIAMS, M.D., in *British Medical Journal*, October 31st, gives a few notes of clinical value on the use of antitoxic serum in the treatment of puerperal septicaemia as met with in private practice, with records of six cases as treated by the serum, observed by himself and his colleagues; also a series of eight cases collected from literature. We notice that all of the fourteen cases were severe; that there were two deaths. The labor was instrumental in six cases; lingering in one. In all the placenta came away easily and completely.

Perineum, torn and not sutured in four cases; torn and sutured in two cases; uninjured in one case. Lochia, scanty in six cases; suppressed in two cases.

The use of constitutional agents, combined with local and instrumental treatment, was tried in all cases before the serum injections were resorted to, for a period varying from two to fifteen days.

Following each injection of the serum, the previously hot, dry and inactive skin passed into a state of moisture and active perspiration, the parched lips and dry tongue became moistened, suppressed lochia, and lactation reappeared, delirium, insomnia and restlessness passed off into a refreshing sleep, from which the patient awoke feeling better in body and clearer in mind. In three cases, however, no benefit appeared from the injections. He states that though puerperal fever may be independent of streptococci, in the majority of cases it means infection of the genital canal, and ultimately of the whole system with the streptococcus pyogenes. It is in this class of cases only that the serum is of value.

The strepto infection is at first essentially a local disease; it is later that it becomes a blood infection. Therefore, local treatment, antiseptic douches, and curettage cannot be dispensed with, but must be carried out in conjunction with the serum, which comes into play when the germs have passed into the circulation by annulling their action and toxin, and obviating the organic degenerations which are beyond our control.

We only hope that the great value claimed for this plan of treatment may bear the test of time, but must remark that reliance cannot be placed upon opinions based on such a small number of cases. We observe that the injections did not ward off all its effects, for we note mention of bilious vomiting and diarrhoea, patchy pneumonia and an erythematous rash as some of the symptoms due to or at least

following the injections. Different kinds of serum were used, so no comparison of dosage can be made. After all, though such good results are claimed, we cannot eliminate the two fatalities.

We may well ask the question as to whether there has or has not been any improvement upon the recognized plan of attacking the disease in its seat of inception by the most thorough antiseptic measures, and pushing the active general treatment.

It is surprising to note the number of cases in which the torn perineum was left to take care of itself. Can it be possible that there are men engaged in midwifery practice who do not know that such tears should always be repaired at once, thereby closing a common avenue for infection? Would a general surgeon allow a tear through the lip to gape open? No! Then why should a tear in another part of the body be neglected?

We will look forward to the publication of more cases treated by the antistreptococcic serum, and can only hope that they may be encouraging enough to win for the serum a lasting place in our esteem.

A. A. M.

The East Indian Problem.

FAMINE is raging in India. According to the *British Medical Journal*, some thirty-seven millions of people are in a state of real famine, while some forty to fifty millions are in scarcity of the requisite amount of food for ordinary health. This is certainly a serious condition of things, and one that may tax the energies of the British Government both at home and in India to the utmost. One thing is certain, these sufferers must be helped, or the most terrible consequences of disease and rebellion may be experienced.

In Bombay the Bubo plague is spreading, and very virulent in type. This disease appears to be of two forms. One, a polyadenitis, going on to suppuration and rapid death; and another form, much milder, known as the "ambulatory plague," with less adenitis, or even no buboes. Great pressure is being brought to bear upon the British Government to prohibit the pilgrimages this year to Mecca. This, however, would be a serious interference with a religious belief of the Mohammedans, and might give rise to wide-spread discontent or insurrection. It would seem as if it would be impossible to prevent these Meccan pilgrimages. The Government should establish a system of guarding the route of these pilgrims, so as to avoid the spread of the plague into other countries. The oriental, or bubo

plague, is of slow progress, and travels from one locality to another tardily. This gives the authorities a fair chance to cope with it, if active measures are instituted at the commencement. If, however, it gets a good start, it is sure to run its fearful course.

The influence of British rule has had the effect of vastly increasing the population in India. This great increase of population is not without its dangers. For one, it renders it much more difficult to provide ample supplies for all, and increases the risk of famine, in the event of a failure in the crops.

DR. SANGSTER'S reply to Dr. Williams was received too late for insertion in this issue. It will appear in next month's REVIEW.

A CORRECTION.—In the last issue it was stated that the Chatham Medical and Surgical Society will meet on the *first Wednesday* of each month. This should read the *second Thursday*.

OUR esteemed contemporary the *Practitioner* has made a discovery, to wit, there is a grave doubt about the respectability of any medical journal that costs anything less than \$2 a year. How about a journal that charged \$3 until competition compelled it to come down to \$2, and double its reading matter at that? Was the respectable third dollar honestly earned?

THE USE OF ALCOHOL AND TINCTURE OF HAMAMELIS AS AN OUTWARD APPLICATION IN CANCER OF THE BREAST WITH ULCERATION.—Everyone knows the difficulty of keeping a cancerous surface clear and free from odor. After trying a number of the ordinary antiseptic powders, lotions, and dressings of various kinds without satisfaction, having observed the beneficial effect from interstitial injection of alcohol and its application to the ulcerating surface in cancer of the uterus, I have recently tried it, combined with tincture of hamamelis, in cancer of the breast, and find that it lessens ulceration and bleeding, and relieves the itching, which is sometimes annoying. It also helps to prevent the dressing from sticking; by its use the offensive odor can be removed. Pieces of cheese cloth, dipped into the alcohol, are applied directly to the ulcerated surface, absorbent cotton pads being laid over this, and a band applied. The dressing has to be changed once or twice a day, according to the amount of discharge.

A. A. M.

DISEASES OF INFANCY AND CHILDHOOD: CLINICAL OBSERVATIONS ON DIETETICS OF INFANCY.—A clinic lecture thus entitled, reported in Dunglison's *College and Clinical Record*, was delivered by Dr. E. E. Graham. He held that there would be a phenomenal increase in population of preventive measures for the saving of children were properly carried out, 25 per cent. of all children dying before they are five years of age. The doctor should impress his patient favorably and remember the general difference in dosage, with some special differences. He has three difficulties to overcome: the infant's silence, its terror, and the lack of a reliable history. In obscure cases the mouth and fauces should be examined. Conditions to be specially remembered in children were: the fragile bones, the nervous system, and the inability of the digestive organs to digest ordinary table food. The essayist at this juncture presented a patient suffering from infantile atrophy, the signs of which were pointed out. For this condition he recommended the following formula, modified as required:

Cream.....	3 fluid ounces.
Milk.....	2 " "
Water.....	10 " "
Lime-water.....	1 " "
Milk-sugar.....	6½ drachms.

In addition, daily injections of saline solution, one tablespoonful to the quart, were given hypodermically at 100° F. If the patient frets between meals, sterile sweetened water should be given in place of food. The ordinary injunctions of absolute cleanliness of feeding-bottle and systematic feeding were insisted on. The following table was appended, representing the usual amount required in twenty-four hours:

Age.	Quantity at each feeding.	Number of feedings	Interval between feedings	Total quantity.
	Ounces		Hours	
First week.....	1 1 5	8	2	10
From second to sixth week.....	2 2 5	8	2½	18
From sixth to twelfth week.....	4	7	3	28
From third to sixth month.....	4 5	6 7	3	32
At eight months.....	6 7	6	3	38

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Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Council—Dr. Sangster.

No existing authority for holding examinations at both Toronto and Kingston—Double examinations are a source of financial loss to the Council, and, reputedly, of other serious irregularities—Council's bad habit of giving unauthorized usage the authority of law—Supplemental Examination not desirable from standpoints of the profession and the public—Are esteemed as being less comprehensive and searching than the ordinary Spring examinations—Involve an average annual loss of about \$700 to Council finances—No existing by-law appointing them—Large section of present Council disapprove of them—In consequence of this feeling the question of ordering them has been taken out of Council's hands—Executive Committee has assumed the right to order them irrespective of the will of the Council—Pertinent questions—The remedy and how to apply it.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—Council examinations held simultaneously at both Toronto and Kingston, and Supplemental or Fall examinations, are both devices contrived in the interests of the schools, and rendered possible only by the complaisance—to call it by no harsher a term—of a few territorial men. The Medical Act provides that there shall be at least one Council examination each year, and that it shall be held at Toronto or Kingston. For the first few years of the Council's existence only a single examination was held each year, and this was conducted *alternately* at Kingston and Toronto, as the Act designed. Since that time, however, under the tutelage of the schools, and in defiance of Sec. 28 of the Ontario Medical Act, examinations have been held simultaneously at both places, and this double arrangement has not only involved a severe and a wholly unnecessary strain on the Council finances, but also, in the opinion of very many members of the College, serious irregularities in other and more important respects. And, in further illustration of the slipshod manner in which much of the business of the Council has heretofore been conducted, I may call attention to the fact that, although Sec. 28 of the Act distinctly and specifically directs that the *time* and *place* of holding these examinations shall be fixed by a Council by-law to that effect, and although, during the past two years, the matter has been more than once brought up

in the Council or in its committees, to this day no such by-law has been made by the Council or finds a place on the Council books. Here, as in the case of the composition of the Executive Committee, and in other matters of great moment to the medical electorate, loose and unauthorized usage has been permitted to usurp the place and to acquire the sanctity of law.

Supplemental or Fall examinations are not enjoined by the Medical Act, but are permitted, at the discretion of the Council. Such examinations were held in 1874 and 1875, but were discontinued for the next thirteen years. In 1888 they were re-established, and, except in 1891, they have been held annually ever since. Whether they are desirable or the reverse, depends altogether on the point of view from which they are regarded. From the standpoint of the schools they are eminently desirable, while from that of both the public and the profession they are just as eminently undesirable. With the schools it is doubtless a point of primary importance that the established courses of lectures shall be paid for, and, in some sense, attended, but beyond this their material interests are served by whatever facilitates access to the profession, or shortens the time to be spent in getting there. And, in point of fact, the annual influx of students to any individual college or school largely depends upon its real or assumed power to pull the strings of the Council or of the Executive Committee so as to secure Fall examinations, and relaxations in curriculum requirements, and other similar acts of grace. On the other hand, the profession in Ontario is year by year becoming more and more hampered and demoralized by the rapid and most undesirable drift into our ranks. This to so great an extent that our vocation threatens soon to be both less respectable and less remunerative than that of the ordinary mechanic. And the public, in view of the large and annually increasing output of the medical schools and the Medical Council, is beginning to realize—only one degree less acutely than the profession—that, while a sufficiency of competent doctors may be and is an undoubted blessing, a very large superabundance of them is rapidly proving itself to be a social nuisance and a public bane. Under these circumstances it is manifest that neither the community nor the profession would, in any respect, suffer were the Council examinations held at much longer instead of at shorter intervals than once a year. No stress can be laid on the fact that some other corporations—such as the dentists and the pharmacists—have also instituted supplemental examinations, since, that they have done so, merely means that in this, as in some other respects, these bodies have unadvisedly permitted themselves to be misled by the baleful example of the Medical

Council. Something, it is true, may be said in favor of University Supplemental examinations, inasmuch as these were primarily designed merely to qualify those passing them, to enter upon and to pursue further courses of literary study. But the extension of this privilege to students preparing for the professions could only be justified by showing that the supply was not equal to the demand, and, in the acknowledged absence of these conditions, was probably the outcome of the keen competition which existed among rival educational institutions thirty years ago, and the vehement desire of each to be, at least, abreast of the others in offering inducements to intending students. The Medical Council, however, is not and never was a competing body, and, consequently, its action in establishing Fall or Supplemental examinations was neither more nor less than an unmitigated blunder. In respect to its educational functions, the only true analogue of the Council is the Department of Education, or the Ontario Government, of which the former is a constituent part. The Department has never, for a single moment, entertained the idea of Supplemental examinations, although every year several hundred deserving young men and women, who have spent their last dollar and exhausted the resources or the liberality of their friends in preparing for the Departmental tests, fail to reach the desired goal. And those who do fail, even by a single mark, are ruthlessly debarred from presenting themselves again until the following year, when they are required to pay the full fee and to pass the examination *de novo* and in its entirety. Why should the Medical Council assume a more sentimental attitude towards those seeking its diploma, than the Ontario Government does towards candidates for its certificate of qualification as teachers? The Government simply says: "The public is not in any need of more teachers; on the contrary, it is already oversupplied, and it would be most unwise on our part to multiply the examinations, or to lower their requirements so as to allow a greater number to qualify." Surely, in view of the existing enormous superabundance of doctors beyond the requirements of the public service, this reasoning applies with tenfold force to the establishment and the continuance of the Council's Fall examinations!

These Supplemental or Fall examinations are further objectionable on two grounds. It is averred by some, who claim to know—although those concerned deny the soft impeachment—that they are less rigid and less comprehensive than the ordinary or Spring tests; and, secondly, they are the source of very serious financial loss to the Council.

Prior to the creation of the Medical Council, the competing

Medical Schools of Ontario annually held Fall examinations which were notoriously designed and used for letting through what were then known as "Lame Ducks," *i. e.*, students who were afraid to present themselves in the spring, or who had failed to pass the tests then attempted. It is not speaking too severely to say that these Fall examinations became a scandal and a reproach to the educational bodies concerned. When the Medical Council was instituted it was fervently hoped that we should hear no more of them, but the Council decided otherwise, and, while it is freely admitted that many competent and worthy men have entered the profession through these less securely latched doors, it is too deplorably true that they are still, to some extent, used for the admission of "Lame Ducks." The unfortunate naturally appeal to an examiner's sympathy, and those who profess to know say that the fall papers are perhaps less difficult and less comprehensive, and that the answers are undoubtedly read and marked more leniently than in the spring. Thus, rightly or otherwise, so great a cloud of suspicion rests upon Supplemental or Fall examinations that, in the interests of all concerned, they should be unhesitatingly and at once discontinued.

In order to cover up the financial loss which accrues from these Fall examinations, it has been the custom of late years to encourage a certain number of untried candidates to present themselves in the fall in place of the spring. Their larger fees swell the total receipts, and give, what my friend Dr. Williams would term, a *plausible* appearance of gain, which can, on occasion, be paraded to the confusion of such objectors as are either too careless or too superficial to grasp the question in its deeper financial aspects. I have no means of ascertaining the relative number of rejected and of untried students who present themselves at the Fall and at the Spring examinations severally. This was part of the information I asked for two years ago, and which the Executive Committee, in its possibly very wise policy of concealment, refused to permit the Registrar to supply. The probability, however, is that a somewhat larger number of rejected candidates go up for the Fall or less rigid examination. The Financial Returns published in the Announcement of 1892-93, pp. 203-209, and the Treasurer's financial statements given in the Annual Announcements for 1893-94 and for each succeeding year up to the present, show that for the seven years in which Fall examinations have been held, the aggregate of the fees, received from candidates for these examinations, was \$8,535, and that the aggregate of the expenses incurred by holding them is \$6,713, or, dividing the latter sum by the former, we find that the disbursements for these seven Fall examinations were

over $78\frac{1}{2}$ per cent. of the receipts. A similar calculation shows that for the Spring examinations of the same seven years the disbursements were only $22\frac{1}{2}$ per cent. of the receipts, while for the three years 1886, 1887 and 1891, when no Fall examinations were held, the disbursements were only 17 per cent. of the receipts. Whence it appears that the Council's clear profit on the Spring examinations is $77\frac{1}{2}$ per cent. of the sum paid in, while its profit on the Fall examinations is only $21\frac{1}{2}$ per cent. of the sum paid in. The difference, 56 per cent. of the sum paid in, represents the Council's loss in the transaction. Fifty-six per cent. of \$8,535 is \$4,779, which is the Council's aggregate loss on the Fall examinations for the seven years, and one-seventh of of this or \$697, is its average annual loss. So that, in round numbers, the Council annually pays for this ill-advised and expensive piece of sentimentalism some \$700, or fully one-sixth of what it seeks to squeeze out of the profession by its obnoxious annual tax!

I have thought it best to go thus fully into the subject of these Fall examinations, partly because I hold that the electorate should be fully informed on this as on all other vital points of professional politics, and partly also because it is quite possible that, even in the Council itself, there may be some members who have hitherto failed to look at the question in all its relations. Chiefly, however, to show that, for its daring and insolent usurpation, in 1895 and 1896, of one of the Council's most important and most cherished prerogatives—that of deciding whether there shall or shall not be a Fall examination—the Executive Committee is not covered by a single rag of excuse on the ground of right, or expediency, or usage, or necessity. Nor had it any semblance of Council authorization for this most unwarrantable act.

It is true that in regard to these Fall examinations, equally as with respect to the ordinary or Spring tests, the Council has never conformed to the requirements of Sec. 28 of the Ontario Medical Act, by making a by-law to fix the *time* and *place* of holding them. Still, prior to 1895, they were never in any single year decreed without the matter being first introduced and discussed in full Council and decided by a formal vote. If your readers will kindly refer to the Announcement of 1893-94, pp. 140-142, and to that of 1894-95, pp. 22, 23, they will find that this was the course pursued in each of those, as in all former years. And although, in both the years specified, my friend, Dr. Williams, in his zeal to make things smooth for the schools, ventured to formulate the extraordinary opinion that nothing more was necessary to authorize the examination than to instruct the Registrar to make a verbal change in the Announcement, he was corrected by

several of his territorial associates, and, as the motion to hold the examination was, in both years, put to the Council and decided by vote, it is clear that the Council refused to stultify itself by adopting the very loose interpretation of the law on that occasion suggested. In the elections of 1894, a number of members were returned who had expressed very strong disapproval of these examinations. In the session of 1895, the question was not mooted at all—in view of the influx of new blood and strong convictions, it was evidently deemed unwise to touch it—and when the Council broke up without ordering a Fall examination, I, in common, I presume, with most of my fellow representatives, supposed that none would or could be held. The Executive Committee, however, was equal to the occasion, and, instigated thereto by the schools, decided of its own sweet will to order one, quite irrespective of the Council's views or wishes in the matter. It might be claimed that the session of 1895 was so prolonged and so full of business that the failure to fix upon a Fall examination was merely an oversight of the Council, which the Executive Committee was bound to rectify. This contention would be specious, or, as my friend Dr. Williams would say, *plausible*; but, unfortunately for its validity, the session of 1896 was not a prolonged one, nor an unduly busy one, and yet the Executive Committee repeated its tactics of the previous year, and ordered a Fall examination, without any reference of the matter to the Council. And, once more, I would like to ask my fellow practitioners what they intend to do about it? Do they propose to quietly endorse the acts of that committee? Are they tamely content to thus see the interests of the College, and the well-being of the profession, and the integrity of the curriculum, and the finances of the Council, and the supremacy of law, and the majesty of right, all paltered with—nay, recklessly sacrificed—at the behests of the schools? No one for a moment supposes that the schools or their officials go to this committee and take it by the throat and command it to do this or to do that. But the school man on the committee is, nevertheless, the mouthpiece of the schools, and suggests; and the wily homœopath on the committee is not personally concerned, and so, is easily acquiescent; and the territorial representative on the committee has become kinked in the middle, and has had all his teeth drawn or knocked out in his scramble for the President's chair, and there is no one behind him to boost him up; and so the thing is done. What is the remedy? The remedy is the reorganization of this committee and lies in the hands of the electorate, which must see that every territorial representative shall insist that the membership ratio of the Council shall be recognized and respected in all its

committees; that of the five members assigned by law to the Executive Committee, three shall be territorial men, and that, in accordance with universal parliamentary usage, of these three seats at least one shall be held by a member of the opposition—as a guarantee against all similar hole-and corner work for the future.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, January 7th, 1897.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—In your January number our friend, Dr. Sangster, continues to castigate the Medical Council with renewed energy. His first letter is introduced with a series of italicized head-lines that would be creditable to the business energy of a peripatetic medicine vendor. No doubt they are intended to so satisfy the reader that he will not peruse the context and learn that the arguments (?) do not establish the assertions made. Before, however, he gets down to the discussion of the subjects in hand, he covers a page of your valuable journal in making a passing thrust at the medical journals of Ontario, which he calls school journals. *The schools* seem to have a bad effect on the doctor, much the same as the famous “red rag” when shaken before some of the bovine species. And that “little effort” of mine of last June—how it has had importance thrust upon it! It, too, must receive a passing thought. He is sorely troubled that this “now famous production” will not serve Dr. Williams and a “few other territorials” as an excuse for not voting at the beck of Dr. Sangster, which he takes as being synonymous with “opposing all efforts at retrenchment and other needed reforms projected in the interest of the electorate.”

The doctor is much more solicitous for the welfare of these *few members*, which comprise nearly four-fifths of the Council, than they are for themselves. *They* are not seeking nor making excuses. Not one of them has appeared in the secular press, nor yet in the medical press, for any such purpose. They trust their case to an intelligent electorate with the transactions of the Council as the exponent of their actions, and do not fear the judgment.

How about the “Little Phalanx”? Are they equally willing to be judged by their deeds? Why this lusty outcry in their own behalf? Why is it necessary to proclaim that they are the men seeking

"retrenchment and needed reforms"? Why so anxious to parade that they are "not disloyal to their constituents, or subservient to interests in the Council which are hostile to the electorate"? Cannot an intelligent profession be trusted to judge them by their works? The peace-officer in the discharge of his duty will not have his judgment diverted by the man who cries most lustily "stop thief." He is too well trained to such devices. The medical electorate are not less wise, and may be relied upon to estimate such self-laudation at its real worth.

The doctor is displeased that under the new arrangement for matriculation, it is not necessary that this examination be taken before the Primary in medicine. Our views are in harmony with his in this particular. We have hitherto believed that matriculation should be completed before time is counted on professional work. The Council has taken this position and acted upon it for years. We are pleased there is one action of the Council the doctor will consider right. The change was forced by the Minister of Education, and as the doctor truly says, "The only alternative open to the Council was 'Hobson's choice'—to behead itself or suffer decapitation at the hands of the Legislature." The case, however, while distasteful, is scarcely as bad as his words would seem to imply. He says "a student no longer needs to spend, after matriculation, a period of four years in the actual study of his profession; he may, under the existing arrangement, leave the plough, the work-bench, the anvil, or the barber's chair, an unlettered boor, and condense his *whole general and professional education* within the sorry compass of four years." Is this correct? There are three roads open to such a student for matriculation. First, Section I., sub. sec. 1 of Regulations, "A certificate that he has passed the examination conducted by the Education Department on the course prescribed for matriculation in Arts, including chemistry and physics." Second, by sub. sec. 4, "A certificate from the Registrar of any chartered university conducting a full Arts course in Canada, that the holder thereof matriculated prior to his enrolment in such university, and passed the examination in Arts prescribed for students at the end of the first year." Third, sub.-sec. 6, "A graduate in Arts in any university in Her Majesty's dominions." Now, we will look at the medical examinations. Take those conducted in September, 1894; April, 1895; September, 1895, and April, 1896; September, 1896, not being available. We find that of those trying the Primary examination, their matriculation having been completed before entering on professional work, there were but 52¼ per cent. passed, and for the final 66¼ per cent. If

now this "unlettered boor," and we will grant the appellation may be applied to him until he has passed the High School entrance, will take any one of the roads open to him for matriculation, and the two medical examinations where an average of $52\frac{1}{4}$ and $66\frac{1}{2}$ per cent. only succeed in passing, and "compass the whole into four years," he will display more ability than is to be found among ordinary students; and, we will go farther and say, that it would be an outrage to hamper such a *luminary* by exacting four years after matriculation. The doctor, in his great distaste for the course forced upon the Council by the Minister of Education, is seeing through spectacles too gloomy by far.

He proceeds to assign a cause for the Minister of Education taking this course. It is with the cause assigned we must specially quarrel, as we believe it is calculated to mislead. The doctor was on the committee of the Council opposing this new course, and he says, "I learned, without much surprise, that it had been represented to the Government that in making provision for the changes proposed, it would only be giving official effect to relaxations in the Council's curriculum and matriculation requirements which had been recognized and granted prior to 1895 by the Committee on Education, and which were still sanctioned and acted upon by the Executive Committee, the latter body having admitted one or more applicants to the very last Council examinations on this shortened course." This sentence contains much we would like to know about. If Dr. Sangster obtained this information from the members of the Government when he was acting as a member of the Committee on Legislation, why did he scrupulously withhold it from fellow-members of the committee? Why did he allow them to be deceived when the Minister of Education gave them to understand *the Council had been too rigid, and that because of this, hardships of various kinds had grown up; that he was making the change to relieve these and clear the slate once for all?* At the subsequent meeting in June, when the doctor was an active member of the Education Committee, and these changes were repeatedly discussed, why did he allow the committee to work on without enlightening them as to the cause of the change? He knew that such knowledge would lead to a tightened rein. Yet he left them under the delusion that they had been too rigid and exacting, and that the Government interfered to make the way more easy. Why should the Council have been kept in ignorance? Here all these delinquent committees could have been brought to book and reprovod for their "treacherous laxity." But Dr. Sangster seals his lips and withholds this information until the

following January, when it comes to light for the first time. The doctor, by his course, leaves himself open to the suspicion that he came upon this knowledge when writing the letter, and whether from the members of the Government, or a pure hallucination, may be an open question. Can the representative who pursues such a course be considered true to the professional interests? The plain and obvious duty of every member of a committee is to bring before it such information as he possesses that should influence their actions. He is not justified in hiding his light, that he may berate them at another time for not using it, even though done for party purposes. Much less would he be justified in not submitting his proof to the representatives of the profession in Council, that each member may know what is being done and govern himself accordingly.

The doctor tells us these changes in matriculation requirements were "engineered into the Act by the schools last spring." We do not pretend to know by whom the Government were induced to act, but of one thing we are quite certain, it was by some one who, in the language of the politician, had a *pull* with the Government—a pull so strong that it could not be counteracted by the influence of the Council, even though actively aided by two representatives of the schools, Drs. Thorburn and Britton. This point, however, seems clear, that if the schools were "*engineering the changes*," their representatives in the Council were aiding in opposition to them, thereby establishing that they were professional representatives before school men.

If the representatives of the medical men, the Council, ever attain to the position that they are consulted by the Government before legislation is introduced affecting their profession, as we are informed the Law Society is, then they can hope to secure such enactments as they judge will further professional interests, and can justly be held responsible for what they bring about; but they are not likely to reach such a position so long as they are divided into parties, each trying to compass the other by some politic move. I need not tell Dr. Sangster that for a few years back there has been a strong effort made to discredit the duly elected representatives and their wishes, with the result that not a session of the Legislature passes without its bills to amend the Medical Act. We have the Meacham Bill, the German Bill, the Haycock Bill, the Minister's Bill, and that of any other man who wishes to train his "prentice hand." He is sure to get support if he takes a try on a medical bill. This is likely to continue until the profession take the position that they will stand by the majority of their duly elected representatives, and not try to belittle them by aiding in forcing legislation over their heads.

As the doctor is to deal with the Education and Executive Committees in his next letter, we will defer any remarks on the charges he makes against them until he has completed his case.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, January 26th, 1897.

Book Notices.

Autoscopy of the Larynx and the Trachea. (Direct Examination Without Mirror.) By ALFRED KIRSTEIN, M.D., Berlin. Authorized translation (altered, enlarged and revised by the author) by MAX THORNER, A.M., M.D., Cincinnati, O., Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With twelve illustrations. One volume, crown octavo, pages xi-68. Extra cloth, 75 cents, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

There is no doubt that the autoscope is a very useful instrument. The descriptions of how to use it are very clear. For the specialist we would think that this little work would be of considerable value. It is neatly gotten up and well illustrated.

Anomalies and Curiosities of Medicine. Being an encyclopædic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of medicine and surgery, derived from an exhaustive research of medical literature from its origin to the present day, abstracted, classified, annotated and indexed. By GEORGE M. GOULD, A.M., M.D., and WALTER L. PYLE, A.M., M.D. Imperial octavo, 968 pages, with 295 illustrations in the text, and 12 half-tone and colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897. Prices: Cloth, \$6.00 net; half morocco, \$7.00 net. Sold only by subscription.

The authors, in their introduction, say that the ancients' curiosity for the atypic and bizarre has been handed down to us moderns. As no attempt has ever been made at a systematic gathering of medical curiosities, this work may be truly said to supply a long-felt want. Many histories of terrific crises safely passed enable the medical man to hold out hope in his extreme cases. The facts related in this book will be of great importance to the students of medico-legal lore. The work is a protest against the modern egotism which sets aside with a

sneer as myth and fancy the testimonies of philosophers and physicians, only because they lived hundreds of years ago. The ordinary newspaper reports of wonderful cases have not been noted, but the material has been obtained with great effort from the great medical libraries of the United States and Europe. A complete general index adds greatly to the value of the work. The names of some of the chapters indicate still further the nature of the book: Genetic Anomalies, Prenatal Anomalies, Obstetric Anomalies, Prolificity, Major and Minor Scrota, Longevity, Anomalies of Stature, Size and Development, Surgical Anomalies of the Head and Neck, Extremities, Thorax and Abdomen, Genitourinary (the way the authors write such compounds) System, Anomalous Types of Disease, Historic Epidemics, etc.

Personals.

DR. NORMAN WALKER has removed to Niagara.

DR. H. B. EVANS is contributing some interesting stories to the *Pictou Gazette*.

THOMAS W. H. YOUNG, M.D., of Rosseau, has been appointed an associate coroner for the districts of Muskoka and Parry Sound.

JOHN E. JENNER, M.D., has been appointed associate coroner for the County of Essex in the stead of George McKenzie, M.D., deceased.

We are happy to hear that the Education Department has recently commissioned the Toronto artist, Mr. W. A. Sherwood, to take a life-size portrait in oils of Dr. John H. Sangster, of Port Perry. This is one of several historical pictures to be placed in the Normal school. We understand that the artist has been most successful in painting a portrait which will transmit the well known face of the doctor to succeeding generations of Canadians. The profession will learn with much pleasure of the public honor thus conferred. We extend our congratulations to the erudite doctor.

Obituary.

Dr. J. Harlan Reid.

DR. J. HARLAN REID, of Horning's Mills, died January 15th, from pleurisy. He was a well-known and much-liked physician.

Dr. Wm. Grant.

DR. WM. GRANT, one of Perth's prominent physicians, died suddenly of heart trouble, January 7th. Dr. Grant was a native of Glengarry, and started practice in Perth twenty-five years ago. He had always taken an active part in municipal matters, and represented the East Ward as councillor for many years.

WHY DO DOCTORS SO OFTEN MAKE MISTAKES?—Because they are not sufficiently individual in their diagnosis or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor simple or complex, which is multiplied by a second factor, invariably complex—the individual, that is to say, who is suffering from it, so that the result is a special problem, demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life. The principal grievance I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials. To me the ideal doctor would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence. Such a doctor is possible, but the greater number of them lack the higher and inner life; they know nothing of the transcendent laboratories of nature; they seem to me superficial, profane, strangers to divine things, destitute of intuition and sympathy. The model doctor should be at once a genius, a saint, a man of God.—*Amiel's Journal*.

Selections.

Erysipelas.

EVERY case of erysipelas must be isolated. The diet and general treatment must be regulated on general principles.

In mild cases, the following powder for local treatment is good :

R Acidi salicyl. gr. viii.
 Zinci oxid. ʒ iss.
 Amyli ʒ ss.

Mix. Sig. Dust the infected area and cover with soft cotton.—
A. Jacobi.

R Lotio. plumbi et opii ʒ viii.

Sig. Keep the affected skin wet with this wash.

R Resorcin gr. i.
 Traumaticin. Oi.

Mix. Sig. External use.—*Ferreire.*

R Resorcin ʒ i.
 Lard ʒ i.

Mix. Sig. External use.

R Acidi carbolici, ʒ i.
 Acidi oleic. ʒ i to ii.

Mix. Sig. Apply, not on, but around, the erysipelatous area at frequent intervals.—*A. Jacobi.*

In using carbolic acid in infants, always be on guard against poisoning. The first evidence of poisoning is shown by the urine, which leaves a pink stain on the napkins after being exposed to the air for half an hour.

An excellent application for erysipelas is ichthyol in collodion, or even better with glycerol.

R Ichthyol ʒ i to ii.
 Glycerol ʒ i.

Mix. Sig. External use.—*J. Abbott Cantrell.*

The most brilliant results have been obtained by the surgical treatment of erysipelas, and this mode is of especial value in infantile erysipelas, which is so often migrating, and is dangerous in proportion to the extent of fresh surface which becomes infected. The aim of this treatment is to hedge in the morbid process, which is accomplished in most cases with rapid and brilliant success. The patient

must be anæsthetized, although local anæsthesia with cocaine or ethyl chloride will answer, but not nearly so well. Rail-fence-like scarifications, double and crossing each other several times, are made through the superficial portion of the skin, just outside the infected area, so that the erysipelas is inclosed. This is called the Kraske-Riedel fence, and into this wound is rubbed a 1 to 500 solution of bichloride of mercury, and it is kept wet by means of a compress, with a 1 to 1000 solution of the same antiseptic. Care must be taken that the fence be made as close to the margin of the erysipelas as possible, but still outside of it. The process rarely jumps this fence, and, in the rare cases in which it does get over, the disease becomes more benign, and a second fence always succeeds in keeping it in.

J. Lewis Smith advises for a child, from one to two years old, the internal use of four drops of the tincture of the chloride of iron every three hours; or either alone, or in addition to the iron, one of the preparations of cinchona. He obtains the best results by applying the following ointment over the inflamed surface every three or four hours:

R Ichthyol ̄ i.
Ung. aquæ rosæ ̄ i.

Mix. Sig. External use.

R Linseed oil,
White lead.

Mix enough oil with the lead to make a thin paste, which is painted freely over the erysipelatous skin.—*Frere*.

Many other local applications of more or less value have been recommended, viz.: rice flour, lycopodium, oxide of zinc, potters' clay, talcum, lard and chalk, glycerine, white of an egg, solution of iodoform in collodion, ethereal solution of camphor and tannin, cold water, sugar of lead, alum, sulphate of iron, nitrate of silver, tincture of iodine and turpentine.

R Benzoate of soda ̄ ss.

Div. in chart. No. xii (12). Sig. One every four hours for a child of a week old.—*Lehnebach*.

Jaborandi was first recommended by Da Costa, but its use in children requires great caution. The dose must be carefully graduated to the age of the child. The object is to make the initial dose sufficient to produce a pronounced sweat, and thereafter to give every four hours doses of the fluid extract of jaborandi sufficient to maintain a gentle diaphoresis.—*Packard*.

R	Camphor.....	5 i.
	Tannin.....	5 i.
	Ether.....	5 i.

Mix. Sig. Brush the infected surface every three hours.—*Trousseau*.

Another excellent application is :

R	Creolin	5 ss.
	Iodoform	5 ii.
	Lanolin	5 v.

Mix. Sig. External use.—*Koch*.

High temperature should be reduced by the application of cold externally—sponging, the wet pack or the bath. Antipyretic drugs should be employed with great care, used only in minimum doses and always sheathed with a heart stimulant. The following is effectual and very safe :

R	Phenocoll	gr. xv.
	Camphor. monobromat.....	gr. ii.
	Caffein citratis	gr. ii.

Mix. Divide into twelve powders.

Sig. Use one as needed for fever in a child four years old.

For the delirium, the best results are obtained by reducing the temperature, and if the delirium does not then abate, give bromide of potash, chloral and, as a last resort, opium.

However, the most promising results in the treatment of erysipelas are offered by the recent advances in serum therapy. Marmorek, of Vienna, and recently Gibier, of New York, have succeeded in producing a good streptococcus antitoxin, which certainly offers the most rational treatment of erysipelas so far brought forward. It is perfectly harmless, and, if efficient, the results ought to be very brilliant.—*Pediatrics*.

BLISTERS.—There have been many protests against Huchard's sweeping denunciation of blisters. Matthien asserts that in hydrarthrosis a cantharides blister is invaluable, and he also uses this application in gastralgia, on a space the size of a five-franc piece. Adrian thinks that if the substance be applied in the form of chloroform solution, with a little squill, no bad results will follow, such as may be attributed to the use of plasters that leave some of the irritant on the skin. In veterinary practice the blister is of the greatest service. All seem to agree that it is worse than useless in bronchopneumonia, kidney and cardiac troubles, and for children and elderly persons.—*Medical Bulletin*.

Doctors and Their Fees.

AN English physician in the *Lancet* (London), signing himself M.R.C.S., L.R.C.P., complains bitterly of the dissatisfaction and discontent which he and other medical men are experiencing because of inability, after years of practice, having previously spent an indefinite time in preparation, to make a living by their profession. He says, also, that the profession is overcrowded, because, among other things, the great aim and object of the medical schools is to get as many students as they can; the prevalence of the dispensary or club system, members paying 2s. 6d. (60 cents) per annum for medicine and advice and the practice of professors and hospital medical men of "whooping it up" to classes without seeming to care, or knowing what will become of them after graduation. We had an idea from what our English cousins have said that America was the only country which had diploma mills with an indefinite capacity for grinding out medical graduates, but here we see the English institutions are addicted to the same practices, and apparently with the same motive. In other words, however high the preaching, the underlying motive of human nature is the same. First pull the mote out of your own eye, brother, then turn the lid up and extract the particle from the eye of your patient.

The dispensary evil here is also an enormous one, and the fact that physicians themselves promote it is one of the wonders of this age, medically. They will deliberately organize a medical charity, and solicit the wealthy to aid them, give their services gratuitously in a specialty, and then complain because some other physician has done the same thing in another direction. The consequence is that thousands of patients who are able to pay something are treated free by physicians who are themselves struggling for existence, because there are organizations sustained by themselves and at their solicitation to destroy the possibility of the very remunerative practice which they are struggling for. Is there another business which does the same thing? Think of plumbers, or tailors, or printers, or any other department of human effort doing such things! Would not the world say of such people: "Why, you are crazy!" And yet doctors do this, and occupy years of preparation to qualify themselves to do it. We are not arguing against charity. Far from it, but there is too much medical charity dispensed among those who can afford to pay.

The physician is worthy of his hire—and he should wake up and protect his financial interests. There is no reason why he should

permit a low grade of compensation or why he should permit his bills to run an indefinite period without settlement. It is a slipshod way of doing business, keeps the doctor poor, unable to pay his bills, renders him an object of pity or scorn among the well-to do, and will eventually bring himself and his family to grief. Fix your price and stick to it — or among those unable to pay make a settlement by a percentage off, but stick to your price. Business men do this, and so far as the financial part of medicine is concerned a physician is a business man, or ought to be. The most prosperous medical men are business men. There is no reason why the medical part of a doctor's mind should be developed at the expense of the financial part. Develop them equally and you will have more money in your pocket, and at the same time you will command greater respect in your community. We rather suspect that this is one fault with our English friend, although we are convinced that his other counts are true.—*The Medical Examiner*.

PARALYSIS OF THE ULNAR NERVE FROM CYCLING.—Destot (*Gazz. degli Osped.*) after a long bicycle ride, suffered from paresthesia of the ring and little finger, and loss of sensation to puncture and to touch, as well as paresis of the interossei, lumbricales, and abductor muscles. These effects were due to pressure of the nerve branches between the handle of the bicycle and the pisiform bone. The author believes that the obliquity of the handle-bar was the chief cause; for this reason he suggests a strictly transverse bar, as the pressure then is thrown on the deeper and better-protected parts of the hand.—*British Medical Journal*.

CURETTAGE FOR HÆMORRHAGE METRITIS IN THE VIRGIN.—Blanc points out (*Loire Med.*) that until recently purely medicinal and often inefficacious means have been used in the treatment of vaginal metritis. He reports three cases in which curettage was employed for this affection with complete success, and a fourth in which permission for operation was refused by the patient's parents, and death followed. In the first two cases, aged 16 and 15 years respectively, the curette brought away large masses of whitish fungosities, of a firmer consistence than is usually met with in the scrapings of hæmorrhage metritis in married women; the uterus was afterwards packed with iodoform gauze. In the third patient, a girl of 14 years, the hæmorrhage began at the third menstrual epoch, and was continuous, in this instance the curette removed greyish-white fungosities, of a softer consistence than in the foregoing cases.—*British Medical Journal*.

MAGNAN'S SYMPTOM IN COCAINE POISONING.—Rybakoff, at the Moscow Neurological Society (*Munch. med. Woch.*) insisted on the diagnostic value of Magnan's symptom in chronic intoxication of cocaine. It is an hallucination of sensation consisting in a feeling as of foreign bodies, grains of sand, crystals, worms or microbes below the skin. Korsakoff mentioned a case in which this symptom was present, and was found to be due to the use of vaginal tampons containing cocaine, on the discontinuance of which it ceased.—*British Medical Journal*.

HYSTERIA SIMULATING ECLAMPSIA IN PREGNANCY.—Bascarlet (*L'Obstetrique*) reported at the Geneva Congress the case of a pregnant woman who caught cold and inflammation of the kidney ensued. The foetus died, and several convulsive attacks followed. Bascarlet maintained that they were purely hysterical. The chief positive evidence was their punctual occurrence at a certain time for several nights in succession. They differed from even mild eclampsia by the absence of vomiting, coma, deranged vision and facial convulsions.—*British Medical Journal*.

BACILLUS OF THE BUBO PLAGUE.—Zettnow (*Ztschr. fur Hygiene und Infektionskr.*) has contributed to the morphology and biology of the bubo plague, in an article based on experiments made in Koch's laboratory. The bacillus is immotile, exhibits no flagellæ, and is surrounded by a large capsule. In the living bacillus a central nucleus can be detected, surrounded by a clear zone of protoplasm. It does not liquefy gelatin, and the colonies are finely granular and quite circumscribed.—*Medicine*.

TREATMENT OF GONORRHOEA BY SILVER CITRATE.—O. Werler reports in the *Medical Week* that he has obtained excellent results with silver citrate in the treatment of a large number of cases of acute and chronic urethritis of gonorrhœal origin. In acute cases he employs a solution of 25 milligrammes in 200 grammes of distilled water, to be used as an injection four times daily with an ordinary urethral syringe. This mild solution is followed by one of increasing strength until 5 centigrammes to 200 grammes of water is reached. Dr. Werler has found that the silver salt exerts a powerful gonocidal action, greater than that possessed by the silver nitrate, and is much less irritating to the mucous membrane of the urethra. Especially favorable action was noted in those cases in which the treatment was begun early, before the organisms had time to penetrate deeply into the epithelial surface.—*Medicine*.

FOR ERYSIPELAS OF THE FACE.—

R	Carbolic acid,	
	Tincture of iodine,	
	Alcohol	ãã gr. xxx.
	Oil of turpentine	gr. lx.
	Glycerine	gr. xc.—M.

The lesions are to be painted with this liniment every two hours and covered with aseptic tarlatan.—*New York Medical Journal.*

RESTLESSNESS.—Dr. Wells has found the following prescription of great use in quieting the restlessness so often seen in infants affected with subacute or chronic gastro-intestinal catarrh :

R	Sulphonal.....	gr. ss.
	Sodium bromid	gr. ii.
	Spirit of peppermint.....	gtt. x.
	Camphor water	fʒj.—M.

The dose should be repeated every two or three hours, according to indications. Occasionally, when the attack of restlessness is preceded by sour vomiting and pain, 5 or 10 grains of sodium bicarbonate added to the above prescription will increase its usefulness.—*Philadelphia Polyclinic.*

PYRAMIDON.—Filchne (*Berlin Klin. Woch.*, November 30th, 1896) relates his experimental and clinical investigations into the use of this dimethyl amido-derivative of antipyrin. Pyramidon is a yellowish white crystalline substance soluble in water in the proportion of one in ten. Its action on the nervous system is similar to that of antipyrin, but there are considerable differences in the mode of action between these two agents. Pyramidon acts in smaller doses, and its beneficial effects are produced more gradually and last longer than those of antipyrin. No changes could be found in the blood of animals treated by pyramidon. In healthy men 0.5 g. produced no subjective or objective effects. In twenty minutes the urine gives the ferric chloride reaction. The dose used in patients varied from 0.1 to 0.75 g. In the adult 0.3 to 0.5 g. of pyramidon may be given as a single dose, and it is best to begin with two such doses in the day. It must remain to be seen how far these doses may be increased. The remedy was found to act promptly in pains of various regions, such as headache, pain in tuberculous peritonitis, etc. Tried in four cases of nephritis pyramidon was useless. The author then gives short details of eight cases illustrating its antipyretic effect. He has put on record his observations on the use of this antipyrin derivative, so that it may receive further investigation.—*British Medical Journal.*

WOMAN'S MILK AND ANTITOXIN.—Schmid (*Wiener Klin. Woch.*, No. 42, 1896) concludes, from a series of observations, that the protective material taken up in the mother's blood during the treatment passes into the milk, though in smaller relative proportions. It is a known fact, Schmid remarks, that sucklings rarely contract diphtheria. He insists that in association with the subject of antitoxin treatment of mothers with diphtheria, it is necessary to ascertain how long the infants' blood naturally resists the diphtheritic poison.—*Times and Register*.

INSTANT RELIEF OF AFTER-PAINS.—In many cases a nice warm meal is better than any medicine ; still, where the pains are exhaustingly severe, we may turn to amyl nitrite. This potent drug is a very efficient controller of after-pains, and, used cautiously, no harm need be apprehended from it. A neat way of using it is to saturate a small piece of tissue paper with five or six drops, stuff this into a two-drachm vial, and request the patient to draw the cork and inhale the odor when she feels the pain coming. It acts with magical celerity.—*American Journal of Obstetrics*.

A LOTION FOR ACNE PUNCTATA.—Dr. A. Malbec (*Province Médicale*, November 28th, 1896) recommends this formula :

R	Borax,	} each	10 parts.
	Sodium bicarbonate,		
	Ether.....		20 “
	Rose-water.....		300 “

M. To be used after pressing out the contents of the follicles and in conjunction with frictions twice a day with sulphur soap and very hot water.—*N. Y. Medical Journal*.

A NEW TEST FOR ALBUMIN.—Reagents for the detection of albumin in the urine must be colorless, and must reveal the presence of albumin even when the amount is too small for quantitative estimation. Dr. Jolles has published a new and delicate test, consisting of :

Chloride of mercury	10 grammes.
Succinic acid	20 “
Common salt.....	10 “
Distilled water.....	500 “

In the process of testing, 4 c.c. of the filtered urine are mixed with 1 c.c. of acetic acid, and 4 c.c. of the above reagent are added with shaking. In a second glass similar quantities of urine and acetic acid are mixed with pure water instead of with the reagent. This test yields a cloudiness of albumin in cases in which the ordinary tests fail to give any result at all.—*The Lancet*.

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Miscellaneous.

A CORONER ON TOTAL ABSTINENCE.—At an inquest in Birmingham, on November 27th, Mr. Pemberton, the city coroner, in his remarks, pointed to a specially illustrious victim, as he held, of imprudent abstinence. This was Sir Benjamin Ward Richardson. Mr. Pemberton said he knew Sir Benjamin well, and felt that his total abstinence for twenty years had shortened his life. Having regard to the climate of England and the work that he did, he would have benefited by the moderate use of alcohol. This is carrying the war into the adversary's camp with a vengeance, for there was no more uncompromising foe to alcohol, in every form, than the deceased physician.—*Food and Sanitation.*

NEGLECTED DRUGS.—On the analysis of 27,000 prescriptions, recently made by Professor Patch, President of the American Pharmaceutical Association, it was shown that the pharmacopœia was sadly neglected by physicians. Only seventeen vegetable drugs were prescribed, and more than one hundred drugs of vegetable origin neglected. Ten metals were honored, but more than ten were left out in the cold. In the study of 217,000 prescriptions from nineteen drug-stores distributed in Chicago, Philadelphia, Bayonne, New York, Boston, Washington, Baltimore, Denver, San Francisco, New Orleans, Cincinnati and St. Louis, 11.25 per cent. were proprietary articles, not including many elixirs, pills, tablets, fluid extracts, etc., which were of specified manufacture.—*Scientific American.*

THE FOOLISH PHYSICIAN.—The average doctor is servile and short-sighted to an extraordinary degree, bent not only upon his own destruction, but also upon endangering the entire fabric of a noble and benevolent profession. Even plumbers and members of other trade unions protect themselves by curtailing apprenticeship and by keeping out ignorant cut-throats. Why shouldn't doctors? But it is too late! Even now as we near the vortex of muddy competition, and as we are about to go down for the last time, we must acknowledge a bitter justice in our fate; for years of neutrality and final servility have taught pompous laymen, who pose as public benefactors and philanthropists, that doctors will stand any amount of robbery and degradation to secure and keep a hospital or dispensary position.—*Medical News.*

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- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

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THE CANADIAN MEDICAL REVIEW.

A NEW USE FOR PATENT MEDICINE LITERATURE.—It is a favorite axiom of the optimists that everything has its uses, but it has remained for the New Mexico Territorial Board of Health to find a use for the patent medicine almanac. In a recently issued circular on the prevention of consumption, among other things, it is advised that "every person so affected should spit into some receptacle and should see that the sputum is soon destroyed by fire. About the house there is no better way than to spit between the leaves of patent medicine almanacs—to be had freely at all drug stores—and after a half dozen or more spittings burn the book."—*Journal of the American Medical Association*.

MEDICAL ADVERTISING.—Society has a claim on every man, and by the doctor attending to his social duties he will probably impress some one with the idea that he will be a good physician to call in when he becomes ill. By making himself agreeable to all whom he may meet, without overdoing it; by dressing neatly and being cleanly; by driving a good horse and buggy if he can afford it; by being a gentleman at all times, in all places, and under all circumstances—these are legitimate and honorable methods of advertising. It is advertising that costs nothing, but it is advertising that pays. The conscientious physician, the honorable physician, the self-respecting physician, will advertise in this way and no other.—*Western Medical Review*.

A VALUABLE PREPARATION.—Physicians all over the Dominion have recognized in Wyeth's Liquid Malt Extract a preparation of exceeding worth for patients convalescing, or for those who, through overwork or any other cause, are run down in health, the system needing a building-up tonic. This preparation is not a beverage, but contains all the nutritive virtues of the best malt liquors with the smallest percentage of alcohol found in any liquid preparation of malt. It is a valuable and most agreeable tonic and digestive agent; and since its introduction to the medical profession some years ago, it has steadily grown in favor, last year's sales amounting to over five hundred thousand bottles. Those who have given the subject of malt extracts the most careful study and investigation, are unanimous in endorsing all the claims made for it. Dr. J. B. McConnell, Associate Professor of Medicine at Bishop's College, Montreal, under date October 6th last, says: "I have for a number of years freely prescribed Wyeth's Liquid Malt Extract, and it always gives the results expected and desired." For nursing mothers during lactation it is an invaluable assistant, and has created the most favorable impression throughout the country.

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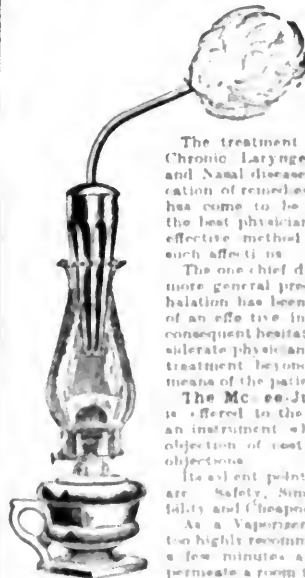
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THE CANADIAN MEDICAL REVIEW.

SEXTUPLETS.—A case is recorded by Vassali, in the *British Gynecological Journal*, in which the woman, a native of Italy, gave birth to six children, four males and two females. There was but a single placenta.—*Medical Age*.

SANMETTO IN GONORRHOEA.—Dr. A. G. McCormick, Richmond, P.Q., Canada, writing, says: "I prescribed sanmetto in a recent severe case of gonorrhœa with the greatest satisfaction. I never prescribed any remedy in such cases that acted so well. The case was one of simple gonorrhœa, of a severe type—pain, burning and scalding, with a profuse discharge. By the use of sanmetto my patient made a rapid and satisfactory recovery. Sanmetto is a sovereign remedy in such cases. I used it two years ago in a like case with a similar result. I am well satisfied that sanmetto is by far the surest, speediest and safest, as well as the most pleasant and most satisfactory remedy we have for gonorrhœa."

THE PRESENT PREVALENCE OF LA GRIPPE.—The following suggestions will be of value at this season. The pains of acute influenza are something indescribable, especially when associated with high temperature. To relieve these with some preparation of opium is only to increase the cerebral congestion and aggravate the extreme prostration. Sharp, darting pains are no more severe than are the dull, heavy and persistent pains in the muscles and bones which so often obtain in this disease. Clinical reports verify the value of antikamnia in controlling the neuralgic and muscular pains as well as the fever. In fact, antikamnia may now be called the *sine qua non* in the treatment of this disease and its troublesome sequelæ. It seems hardly necessary to indicate the conditions when the use of two such well-known drugs as "antikamnia and quinine" will be serviceable, nor the advisability of always exhibiting "antikamnia and codeine" in the treatment of the accompanying neurosis of the larynx, the irritable cough and bronchial affections. Relapses appear to be very common, and when they occur the manifestations are of a more severe nature than in the initial attack. Here the complications of a rheumatic type are commonly met, and "antikamnia and salol" will be found beneficial. Antikamnia may be obtained pure, also in combination with the above drugs in tablet form. Tablets mark the most approved form of medication, especially as they insure accuracy of dosage and protection against substitution. To secure celerity of effect, always instruct that tablets be crushed before taking.—*Medical Reprints*.

The Canadian Medical Review

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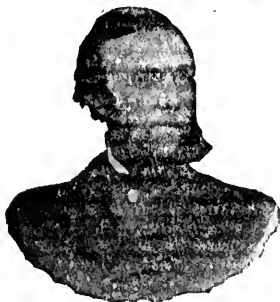
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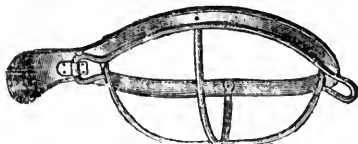
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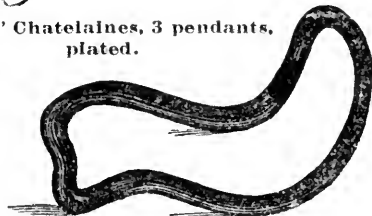
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VOL. V.

TORONTO, MARCH, 1897.

No. 3

Original Communications.

Intubation.

(The nature of the disease necessitating which, at the time of operation, being undetermined, the operator was inoculated, and suffered sensory paralysis.)

By ALFRED J. HORSEY, M.D., M.R.C.S. Eng., M.R.C.P. Edin.,
Ottawa, Ont.

At two o'clock on Dominion Day I was urgently called to intubate a girl ten years old, because of impeded respiration which imminently threatened life, the cause of which at the time was not fully determined and which, owing to the extremity of the patient, there was no time for enquiry.

I was told by the medical attendant who had first seen her at nine o'clock the same morning that she had in a few hours become dyspnoeic and unconscious. Her breathing was difficult, noisy, rapid and shallow, the face pale and expressionless. My ear was hurriedly placed on the chest before and behind, and I found that air was imperfectly entering the lungs. There was also absence of dulness on percussion. Intubation was at once readily done, which relieved the breathing, so that in about

half an hour she had sufficiently recovered consciousness to know and name those about her. A quantity of bloody mucus and what looked like a little pus welled up in the pharynx at the base of the tongue, which embarrassed respiration so that it was thought necessary to swab it away, which being done, respiration became less sibilant and more free.

The ligature which was attached to the tube before its insertion was about to be removed, but out of deference to the suggestion of my confrere, was allowed to remain. Only for an instant, however, as the patient quickly caught it and withdrew the tube. It is my custom to remove the cord as soon as I am sure the tube is in the larynx, which is known by the character of the respiration, etc., which in the future will invariably be followed, as it is not the first time this untoward occurrence has happened. As breathing was fairly good without the tube, its reinsertion was delayed; but half an hour later, breathing becoming worse, it was decided to replace it. Two unsuccessful attempts were made to do so, owing mainly to the struggles and resistance of the patient.

The holder of the tube on its withdrawal the second time brought away entangled in it a thick piece of well organized false membrane the size of a ten cent piece, of a pale grey color. Bloody mucus quickly filled the pharynx, presumably from the surface, from which the membrane was removed. It was thought wisest to desist from further attempts at reinsertion because of the patient's exhaustion, and as respiration was improved, probably owing to the removal of the membrane. She had been prescribed for in the morning in an expectant way, and just before intubation had been given a hypodermic injection of strychnine and another an hour after. Alcoholic stimulants were given by the mouth. No antitoxin was given. She was left for two hours, and on my return was sleeping heavily, with respiration not seriously embarrassed, pulse firm and full.

I was to be sent for if intubation was thought necessary, but nothing more was heard of the case till 7 p.m., when I was told she had died. The history of the child's illness briefly is, that she on the previous Friday (Dominion Day being Wednesday) first complained of feeling unwell, but continued to go about. On Sunday she began to grow hoarse and had a croupy cough. On Monday and Tuesday she was much the same, but on Wednesday morning she was considered ill enough to call in a doctor at nine o'clock, who had not determined on the diagnosis. The fauces were examined, but no marked departure from health seen.

The consultant, who arrived at the house shortly before me, saw no

membrane but a streak of pus or mucus behind the left tonsil which was not thought significant. I did not examine the pharynx or larynx as the emergency did not allow of it.

Had it not been for the accidental bringing away of the membrane, the nature of the disease would not have been known, but the clinical evidence of diphtheria was sufficiently complete to put the diagnosis beyond doubt, even without the following sequel, whose phenomena might be followed with quite as much interest, though somewhat less concern, were they manifested by a subject other than myself.

On the Saturday following Wednesday, July 1st, an irritation was felt at the base of the left index finger over the knuckle, where there was a bright red papule, which was sucked and moistened with saliva to allay the itching. There was no wound there before the intubation, nor consciousness of one during the operation. On Sunday, July 5th, feeling in my usual good health, I set off on a twelve mile walk, being occasionally reminded of my finger by itching and irritation at the spot. The back of the hand over the metacarpal bone of the index finger was somewhat swollen and had an erythematous blush, and my suspicions as to its nature were aroused. On the following day a vesicle formed with extending border of lymph and areola. My confreres thought it of a specific nature, but what particular kind they could not say.

To be brief, the sore continued to enlarge and ran the cycle of phenomena usual to a point of vaccination till the twenty-first day, when it began to decline and fade, but took in all two months to fully heal. On the next Sunday, July 12th, a feeling of lassitude was felt with lumbar pain and stiffness. The weather was excessively warm, and I strove to flush my system through the kidneys by drinking copiously of cold water, which did so most effectually by free and frequent diuresis. On Thursday, July 16th, tenderness, for which I had been on the alert, was felt in the left axilla, the glands in which were somewhat enlarged and continued so for a week.

On the 16th, the throat became relaxed and congested. On the 17th it felt decidedly sore, with dysphagia and odynphagia, especially on the left side, which was examined by several of my confreres, who found a membranous patch on the post-pillar which remained till the 24th. Appetite, excepting for a day or two, continued fair throughout, when neither food or pipe could be enjoyed. At the same time there were malaise with insomnia at night.

This sequel is another point of interest in connection with the case, which fortunately is rare, the most frequent way of inoculation being caused by *materies morbi* being coughed into the operator's face. It

carries with it a warning which I am thankful to convey to my conferees, being more fortunate than some who have recently fallen victims of septic inoculation.

About the middle of August there was tenderness and pain in the heels, causing lameness for a couple of weeks, and then passed away, when numbness in the toes and the anterior half of the feet came on and grew so pronounced that equilibrium could not always be maintained, necessitating care especially in turning quickly. There was an inclination to fall forward owing, as it seemed, to want of properly regulated pressure on the toes. Though feet and toes were quite numb. Pinching them between the finger nails caused a peculiar cutting pain. The left index finger and a portion of the back of the hand were also numb, as well as a part of the right thumb, which had been scratched shortly after the left hand had become inoculated, and which took on the same inflammatory action, and became very sore. At present, February 12th, my health is excellent, though there is still slight numbness in the toes.

THE PHYSICIAN OF THE NEAR FUTURE.—Unwilling to combine in any manner with his fellow-workers for his own protection, giving the best of his early energy to work in institutions which take the very bread from his mouth by treating and caring for those who are not poor, his work competed with on every hand by an ever-increasing host of special fads and frauds, what will be the doctor's source of income in the near future unless a change is worked? A crusade, organized to reclaim the holy shrines in Palestine, incidentally booms the sale of Jerusalem drops and other remedies supposed to originate with the Franciscan friars. The Kneipp curists do not walk long in dewy grass before the discovery is made that Kneipp remedies for all known ills should be placed on sale in every city of the world. Park commissioners are asked to extend the courtesies of the grass to the early morning sockless perambulator with the sole object of advertising the Kneipp company's wares. Faith, hope and charity healers, mind, brain and thought curers, hypnotic, hydropathic, magnetic, eclectic, spiritualistic, human and divine workers of miraculous cures increase and flourish. The reputable physician walks to his dispensary class and treats many who should be going to his own or to his brother's office, and who will to-morrow run off to "a divine healer" and leave a bank bill on his table in return for the benefit they hope will come from the laying on of hands.—*Medical Record*.

Society Reports.

Toronto Medical Society.

REGULAR meeting, January 28, President, Dr. W. J. Wilson, in the chair.

Dr. Carveth presented a pin $1\frac{5}{8}$ in. in length passed by a child, $1\frac{1}{2}$ years of age. The pin had been swallowed forty-eight hours previously. No symptoms. Oil should not be given in these cases, as many books recommend.

Dr. Wilson reported a case in which a pin two inches long was a week in passing. It set up considerable irritation inside the rectum. The doctor introduced his hand and removed it.

Dr. G. B. Smith reported having been called to a patient in whom there was paralysis of the left lower extremity and considerable pain at times. Iodide of potassium was administered. Some pain in the rectum was followed by the expulsion of the pin and a complete and unaccountable disappearance of the paralysis.

Genu Valgus.—Dr. G. A. Peters reported a case of genu valgus in a boy who had not developed well, as the mother had thought, from her having been fed on exclusive vegetable diet while carrying him. By illustration the speaker showed the pathological anatomy of the condition. Owing to the slanting from without inward of the articulation of the knee the weight of the body was transmitted more through the outer condyle, allowing the inner one to develop and become prominent. Operation consisted in making an incision a little above the epiphysis below the medullary canal, introducing a chisel, first cutting the posterior part of the bone, then the anterior, and afterward fracturing the bone. A Hamilton splint was then applied. The case was progressing satisfactory. Where when the internal malleoli are brought together the feet are three inches apart, operation is indicated, according to the orthopedists.

Hysteria.—Dr. J. Hunter reported a case of hysteria occurring in a woman aged 54. There was a history of insanity in the family. Patient herself was bit by a dog during one of the pregnancies, had had two attacks of rheumatism, had met with one or two accidents which caused uterine hæmorrhages, had undergone trachelorrhaphy and wore a pessary for prolapse. Recent symptoms had been a constricting pain around the umbilicus, retention of urine so that a catheter

had to be used. She passed but two ounces of urine per day. It was of high specific gravity, and contained a trace of albuminuria. Periods of unconsciousness and convulsive movement were experienced. About four months ago she noticed a swelling near the left mammary gland. This was followed by some several others, and an infiltration of the cellular and muscular tissue of the abdomen and lower limbs. Stigmata appeared on various parts of the skin. The stomach was irritable, there being nausea and vomiting. Patient lived on but one meal a day. Suffered from insomnia. Patient under treatment by her tenth doctor on listerine and water was improving, the lump and stigmata having largely disappeared.

Toronto Clinical Society.

THE February meeting was held in St. George's Hall, President Allen Baines in the chair.

Amputation at the Hip-joint.—Dr. F. LeM. Grasett reported a case of amputation at the hip-joint. Patient, carpenter. Last spring first symptom, pain in the groin, was noticed, gradually extending to thigh, accompanied by swelling. In three weeks he was obliged to go to bed. Glands in groin were enlarged and hard. The swelling was most marked in the centre of the left thigh, especially on the outside. The bone was thick. Patient was kept in hospital some months, but did not improve. As fears of malignancy were entertained by the surgeons who examined patient, amputation was done at the hip by Fournier-Jordan's method. Wyeth's pins were used, and digital compression employed, making the operation bloodless. Recovery uneventful. Mortality in pre-antiseptic days was about 87 per cent.; now, 34.4 per cent.

Operation for Neglected Fistula was the title of a paper by Dr. G. A. Peters. The method employed had been in vogue formerly, and was used in cases where the internal opening was near the outlet, the fistula narrow and indurated, with its external opening some distance from the anus, and not causing more inconvenience perhaps than emitting a little moisture. It might be as deep as the glutæus maximus and extend out six inches. The history and treatment of three such cases were given by the essayist. The whole sinus is laid open, the whole tract of the sinus dissected out, and this large wound stitched up with deep sutures of silk-worm gut, approximating the surfaces throughout. A catheter placed in the rectum is of much

value, allowing flatus to escape. In these cases the wounds healed by first intention, although Allingham says it is almost impossible to prevent faeces from getting into the wound.

Dr. A. Primrose stated that one reason fistulae often did badly was because all their branches were not reached and scraped at the time of operation. He thought the method suggested in the paper might be applied in treating other fistulae. He had treated a fistula in the perineum which extended in to the ischium in this way with success.

Spinal Caries—Laminectomy for Cord-pressure was the title of a paper by Drs. D. C. Meyers and A. Primrose.

Dr. Meyers said that in the three generations of patient's family a case of Pott's disease existed. The girdle pains, changes in the reflexes and sensory disturbances, were referred to. The appearance of kyphosis confirmed the diagnosis.

Dr. Primrose presented charts after Quain, showing the sensory areas and the relation of the exit of the nerves to the bodies and laminae of the vertebra; also chart showing transverse and vertical sections of the body through the abscess. A detailed description of the operation was given. Patient did well for some weeks, when meningitis supervened, causing death. Material from the cavity showed the bacillus tuberculosis and a diplococcus. At post-mortem, examination was made of contents remaining. Cultures proved sterile.

Dr. Peters discussed the case.

Toronto Medical Society.

THE regular meeting was held February 18th, in the Council building.

Eye-strain.—A case showing in a peculiarly marked manner the effects of eye-strain. A paper thus entitled was read by G. H. Burnham. The patient was fifty-eight years old. Twenty-eight years before he suffered for a year from severe pain in the left eye, temple, side and back of head, which gradually subsided, accompanied with nearly complete loss of sight in the affected eye. Recently a similar attack, lasting four weeks, was experienced in the other eye. Both fundi were normal. In the left there was a good deal of hyperopic astigmatism; in the right a small amount. Suitable glasses were ordered, but no medicine, which completely relieved the pain in the one and the sight in the other eye. The essayist thought that the

agonizing pain in the early attack was due to the great efforts the eye made to overcome the error of refraction, and that with the cessation of these efforts, that is, with the total suppression of the image of this eye, the pain vanished. Owing to the fierce nerve centre explosions years ago, the centres were more easily aroused. That the trouble in the right eye did not occur earlier was due to the fact that glasses worn in the interval had aided the right eye to cause a delay, but not to prevent a nerve-storm.

Dr. L. L. Palmer said that the narration of this case gave added evidence to the fact that multiform sufferings may be due to various forms of metropia. Errors in refraction were the most common causes of eye-strain. The case furnished an example of chronic spasm of the ciliary muscle accompanied by severe pain.

Lupus.—Dr. F. N. G. Starr presented for Dr. J. E. Graham, a boy, whom he had shown last year to the Society with a lupus-like eruption on the face. The disease was slowly extending, although alterative and tonic treatment had been tried.

Dr. T. F. McMahon thought it would be a good case to try the tuberculin test upon.

Dr. Starr thought, judging from the disastrous effects arising from its use at the time of its introduction, such a procedure would be risky.

Deformity of Hand Following Rheumatism.—Dr. B. E. McKenzie presented a patient who had suffered from deformity of the right hand subsequent to an attack of rheumatism. The fingers are drawn toward the ulnar side and were somewhat flexed. They were partially dislocated from the metacarpal bones. He was not sure of the cause of the condition.

Dr. A. Primrose thought the lesion was in the cord.

Dr. G. Carveth advised the use of potassium iodide.

Dr. G. H. Burnham strongly opposed the slipshod manner in which the iodide was given in obscure cases. He would recommend iron, arsenic and strychnia.

The patient stated that he had tried the iodide and tonics for months with no benefit.

Dr. McKenzie said he intended to correct the position by operation. He would cut the abductor minimi digiti near its insertion, and the two interossei (which draw the three fingers to the ulnar side), and also some strands of the palmar fascia, forcing the fingers in an over-corrected position, and retain them there with a splint.

Croup or Diphtheria—Which ?—By Dr. Oakley. (To appear in next issue of REVIEW.)

Dr. Palmer recommended that medical men regard all these cases

as diphtheria whether they were or not. It would be much safer. In ninety-nine cases out of one hundred they would be correct. If such cases were closely examined some exudate would be found somewhere.

Dr. Price-Brown said he had had numerous cases like that reported by Dr. Oakley, and had, in his earlier practice, regarded them as croup. Under the light of recent experience he believed they were diphtheria.

Dr. T. F. McMahon considered all such cases diphtheria, and that there was a danger of their spreading. The remedy *par excellence* was antitoxin. He reported cases of laryngeal diphtheria where its use acted almost magically.

Dr. John Hunter remarked on the occurrence of these isolated cases, which were seen here and there through the country.

THE Western Ophthalmological, Otological, Laryngological and Rhinological Association will hold its second annual meeting at St. Louis, Missouri, April 8th and 9th, under the presidency of Dr. Adolf Alt. The following are some of the seventy papers promised: "The Value of Hypnotic Suggestion in Ophthalmic Practice," Dr. Jgnatz Mayer, Guthrie, O. Ty.; "The Etiology, Treatment and Prognosis in Exophthalmic Goitre," Dr. J. Fred. Clark, Fairfield, Ia.; "Two Cases of Asthma, due to Intra-nasal Growths," Dr. W. W. Bulette, Pueblo, Colo.; "Influence of Vaporized Medicaments on the Respiratory Passages," Dr. Homar M. Thomas, Chicago, Ill.; "Conservatism in Rhinological Practice," Dr. B. M. Berens, Minneapolis, Minn.; "Mental Depression and Prolonged Melancholia following Graduated Tenotomy and the Limitation of Prisms," Dr. W. H. Baker, Lynchburgh, Va.; "The Technique of Cataract Extraction," Dr. B. E. Fryer, Kansas City, Mo.; "Diseases of the Labyrinth," Dr. J. Holinger, Chicago, Ill.; "Syphilitic Amblyopia," Dr. Robert F. Lemond, Denver, Col.; "Objective Noises in the Ear," Dr. G. Sterling Ryerson, Toronto, Can.; "Function of the Stapedius and Tensor Tympani Muscles," Dr. Thos. F. Rumbold, St. Louis, Mo.; "Experiments on the Eustachian Tubes by Means of the Tongue Thrust Into the Naso-Pharynx," Dr. Hamilton Stillson, Seattle, Wash.; "Relative Value of the Various Treatments for Deafness due to Otitis Media," Dr. J. F. Oaks, Chicago, Ill.

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Selections.

IMPROVEMENT OF VISION BY TATTOOING THE CORNEA.—Neuburger (*Munchen Med. Wochenschr.*, vol. 43) tattooed an eye, not only for cosmetic reasons, but with the hope of improving the vision. The leukoma was large and thin and in the neighborhood of the pupil. Vision was improved about one-sixth by the operation.

RELIEF OF AFTER-PAINS.—In many cases a nice warm meal is better than any medicine, but where the pains are exhaustingly severe, turn to amyl nitre. This potent drug is a very efficient controller of after-pains, and used cautiously no harm need be apprehended from it. A neat way of using it is to saturate a small piece of tissue-paper with five or six drops, stuff this into a two-drachm vial, and direct the patient to draw the cork and inhale the odor when she feels the pain coming. It acts with magical celerity.—*American Journal of Obstetrics.*

FOR THE VOMITING OF GASTRIC CANCER.—Dr. A. Robin (*Gazette Heb. de Med. et de Chir.*) recommends the following formula :

R	Picrotoxin,	} each	gr. 3.
	Morphine hydrochloride,		
	Neutral atropine sulphate		gr. $\frac{6}{10}$.
	Cherry-laurel water		gr. 600.

M. Sig. : From five to eight drops five or ten minutes before the principal meals.—*N. Y. Medical Journal.*

BENZO-IODHYDRIN.—Chenal (*These de Paris*, No. 52, 1896-97,) suggests this ether of glycerine as a useful substitute for iodide of potassium. It is prepared by shaking a mixture of benzoyl-iodide and epichlorhydrin, at a heat not exceeding 158° F. ; the resulting brown fatty mass, a benzo-chlorhydroiodhydrin, is soluble in ether, alcohol, and petroleum oils, but not in glycerine. Administered in doses of 0.13 g. (corresponding to 1 g. KI), he found that it caused no disagreeable symptoms of iodism ; and from twelve observations he concludes that its immediate therapeutic effects are equal to those of the potash salt, while it is more slowly eliminated and a smaller dose is required. He attaches much weight to the antiseptic action of the considerable proportion of benzoic acid and chlorine contained in the drug, but admits that the question as to the permanence of the results requires more prolonged observation.—*British Med. Journal.*

HYPERIDROSSI.—*La Médecine Moderne* gives the following formula for sweating feet :

R Alumnol,
Aristol āā gr. xv.
Starch ȳss.

M. Sig. Use as a dusting-powder.—*Medical Bulletin*.

RHEUMATISM.—This is recommended as an agreeable salicylate mixture :

R Pottass. acetatis ȳ ij.
Acid. salicylatis ȳ ss.
Syrup. limonis ȳ ij.
Aq. menth. pip. ȳ viij.

M. Sig. : Tablespoonful every three hours.—*North American Practitioner*.

DELIRIUM TREMENS.—

R Pottass. bromide,
Sodii bromide āā gr. xv.
Chloral. hydrat. gr. x.
Tinct. zingiberis ȳ x.
Tinct. capsici ȳ v.
Spirit. ammon. aromat. ȳ i.
Aquæ ȳ ij.

M. Sig. : Dose, a tablespoonful.—*Vanderbilt Clinic*.

NEWSPAPER WIT.—An item is going the rounds of the press, both medical and general, to the effect that a man constantly in fear of becoming unconscious, of being carried to a hospital, and operated upon before diagnosis has been made, carries in a conspicuous place in his clothing the inscription : " My appendix has been cut out." This is undoubtedly the invention of some would be newspaper wit. Nevertheless it carries with it a moral. It is notorious that operations for diagnosis are entirely too frequent, consequently it behooves every medical man to " go slow," and if of the younger rank to await the advice of counsel and the result of careful deliberation. *Medical Age*.

CONGENITAL DISLOCATION OF THE HIP.—Paci (*Archiv. di Ortoped.*,) contributes a final article on this subject. After referring to several cases successfully treated by his method, he reports fully the case of a child, aged seven, operated upon in May, 1892, for double

congenital dislocation by the same method. The results were satisfactory. The child died of dysentery in September, 1892, and the author was able to secure the pelvis and femora. Excellent photographs of the preparation illustrative of the results and confirming the author's views on the treatment of this disease accompany the paper. A full description of the anatomical and pathological condition is given. The author then enters into a polemical discussion as to his method and that of Lorenz, which is a modification thereof. A comparative table is given showing the chief differences in the two methods (both bloodless) of treating congenital dislocation.

THE TREATMENT OF THE DYING.—Munk, in the *Practitioner* for July, 1896, speaks eloquently of the use of opium in the last hours of life. He says that under its influence the feeling of exhaustion and sinking referred to the stomach disappears, some color returns to the face, and a placid expression replaces the look of anxiety, the sufferer passing into a gentle sleep from which he awakes refreshed and comforted. He quotes Hufeland in saying that the drug must be administered in such doses as will relieve the suffering, rarely less than a grain for an adult, repeated as often as once in eight hours. It is perfectly safe so long as there is no rigidity or obstruction to the air-passages. Care should be exercised, however, if the heart is feeble. A contracted pupil is also a contraindication, as it implies a state of the brain in which opium will not act well. In cases of gastric distention the hypodermic injection of morphine should be employed.

ANÆSTHETICS IN ADENOID OPERATIONS.—Dr. T. Helville Hardie (*Annals of Ophthalmology and Otology*), in the course of an interesting article on adenoid vegetation, gives the following reasons for using anæsthetics: 1. The fact that the operation is usually a painful one. 2. A thorough operation, which is by most men considered necessary, cannot, as a rule, be performed without general anæsthesia, except in adults. 3. A burned child dreads the fire, and a child that has a curette or forceps used once will ever afterward retain a decided objection to a second introduction of the instrument. Children, like elephants, have long memories of injuries. In the absence of disease of the heart or lungs, when the growth is not limited to one central mass merely, and when the child is old enough to know that it is being hurt and to remember it, anæsthesia should be introduced. Dr. Hardie concludes as follows: 1. Adenoid vegetations should be

removed under general anaesthesia in the great majority of young children. 2. The cold snare and cocaine anaesthesia are satisfactory in older children and adults, but cocaine should not be used in young children. 3. Nitrous-oxide anaesthesia is frequently of too brief duration for the proper performance of this operation. 4. Ethyl bromide, apart from the question of its safeness, which is still undecided, is a desirable anaesthetic in many cases. 5. Ethyl bromide is not well taken, as a rule, by very nervous or frightened children. 6. Ether should be substituted for bromide of ethyl when the operation is likely to be a lengthy one. 7. The Gottstein curette is, all things considered, the most satisfactory single instrument, and particularly in bromide-of-ethyl operations.

LAPAROTOMY AS A CURE OF TUBERCULAR PERITONITIS.—Dr. Girolamo Gatti (*Langenbeck Archiv*) gives an account of interesting experiments on the healing of tuberculosis of the peritoneum after simple laparotomy performed upon the experimental animals affected with peritoneal tuberculosis. An exudation of reddish watery fluid takes place, and is to be observed during the first six or seven days. The healing of the tuberculosis takes place as the result of the imbibition of this fluid by the epithelioid cells of the tubercles. At the same time, he believes, destruction or injury of the tubercle bacilli takes place. This retrograde process is responsible for the cure of the disease. In the earliest stage of the disease, before the tubercle has reached its typical form, the benefit derived is much less. The same is true if the laparotomy be neglected until large masses of caseating tubercles are to be found in the omentum. For this reason if a first laparotomy is not successful, a second operation may with propriety be attempted. The advantage of early operation is evident. Although not mentioned by the author, it would seem that such comparatively mild irritations as would be brought about by gently rubbing the peritoneum with a moist gauze sponge would add to the effect of abdominal incision.—*Medicine*.

COMMON SENSE ON THE ALCOHOL QUESTION. — However temperate a man's own views may be on any such question as that of the use of alcohol, he is tempted to lean in his public utterances toward the contention of fanatics. He may not go to the extremes that they contend for; indeed, he is almost sure not to. But he is apt to make statements by which they can strengthen their case with the public, and especially with the legislators. It is refreshing to notice a recent

exception in the case of Mr. Pellew, of the department of chemistry of Columbia University, who recently concluded a course of lectures in the Museum of Natural History on the subject of the good and bad effects of alcohol. Mr. Pellew stated without reserve, and backed up his statement by citing the most careful observations and experiments of well-known investigators, that "there was no doubt that, even in health, a small amount of alcohol, if given in divided doses, could be burned up in the blood and serve as food, without producing any injurious effects." We are quoting from the *Sun's* report of Mr. Pellew's last lecture. He went on to say that in diseased conditions, where nutrition was impaired, alcohol could be given in greatly increased amounts without any intoxicating effect, and was then of enormous value. An ounce of it, he said, gave as much heat as seven or eight ounces of beef, and that without having to undergo the processes of digestion and assimilation. In other words, it burned, "as in a lamp, without wasting the wick." On the other hand, the popular notion that alcohol will keep up the heat of the body under exposure to great cold was declared to be a mistake. Alcohol, said Mr. Pellew, actually reduced the temperature of the blood, but it was of service to restore equilibrium after the exposure was over. The lecturer was not backward in depicting the horrors of drunkenness, to which, of course, no reasonable man can shut his eyes. He spoke of the dram-drinking habit as a nervous disease rather than a vice. He properly insisted that, in health, the only good effects of alcohol, "except, indeed, its action as a 'scavenger of mankind,'" came from its moderate use.—*New York Medical Journal*.

INDICATIONS FOR AND AGAINST OPERATION IN CANCER OF THE UTERUS—Dr. Emory Lanphear (*Medical Era*), from an experience of nearly one hundred hysterectomies for cancer of the uterus, reaches the following conclusions: "Radical operation is indicated: 1. As soon as a diagnosis of carcinoma of the cervix is made—provided the disease is unquestionably not too far advanced for any possible benefit at the time of first examination. 2. Whenever there is a fungous growth upon the cervix (especially in a patient near the menopause), which persists in spite of treatment, even though there is no ulceration and but little tendency to spread. It is probably the papillary form of carcinoma cervicis (cauliflower cancer); and there is always involvement of the mucous membrane of the body, so that high amputation will not cure. 3. When there are one or more nodules in the mucous membrane of the cervix, which soon ulcerate and destroy the mucosa. Such trouble is almost invariably the

nodular variety of carcinoma of the cervix. 4. When there is an infiltrate in or beneath the cervical mucous membrane, just within the os, which soon breaks down and destroys the cervix by erosion. It constitutes the variety known as cancer of the cervical mucous membrane ('eating cancer'), and may have progressed far before the os shows any marked change when viewed through the speculum. 5. When there is evidence of the existence of cancer of the parenchyma of the uterus (usually fibro-sarcoma), even if the cervix seems to be perfectly normal. Such cases are not rare. 6. Whenever at the menopause a glandular endometritis becomes inveterate, showing a tendency to degenerate into a typical malignant adenoma—that is, adeno-carcinoma (glandular carcinoma or primary cancer of the mucous membrane of the uterine body)—as indicated by (a) the appearance of irregular hæmorrhages; (b) the presence of a serous, reddish, odorous discharge; and (c) paroxysmal pain. 7. In all cases in which there is even a strong suspicion of malignant disease! In early operation lies safety. I can quite agree with Pozzi that 'it may even happen that as a last resort against persistent hæmorrhage alone, we are obliged to perform vaginal hysterectomy with only the diagnosis of probable cancer.' Operation is not indicated: 1. Whenever the disease is so far advanced that the uterus is fixed in the pelvis. 2. Whenever it is certain there is extensive cancerous infiltrate in the broad ligament. 3. Whenever the cancer involves the bladder. Implication of the posterior vaginal wall or even of the anterior part of the rectum is not necessarily a positive contraindication to operation. 4. When the 'cancerous cachexia' has become pronounced. 5. When the patient is too weak from repeated exhausting hæmorrhages. 6. Whenever the diagnosis of sarcoma of the uterus is quite certain. In such cases there is always recurrence after removal, and the subjects die quickly. Palliative operation, such as curettage, burning with Paquelin cautery, etc., are indicated: 1. When there is marked sepsis, removal of the sloughing mass with the sharp curette, and the subsequent use of douches of solution of permanganate of potassium followed by insufflations of pyoktanin will greatly prolong life. 2. When there is excessive hæmorrhage. In such cases curettage followed by cauterization and the after-treatment just mentioned will be of much benefit. 3. When pain is very severe. Even hysterectomy as a mere palliative measure is sometimes advisable, the pain being much less marked in recurring carcinoma in the pelvis."—*Medical Record*

Editorials.

The Medical Council's Petition to the Legislature.

IN our last issue we drew attention to the petition lately circulated by the Medical Council, which, we understand, was returned, signed by nearly three-fourths of the members of the College, but the position taken by the REVIEW was so reasonable that the petition was not presented to the Legislature. The large number of signatures obtained was doubtless due to a combination of circumstances. The Council or its Executive Committee does not appear even now to know what it was petitioning for. The resolution adopted last June, on which the petition is based, and as given on p. 83 of the official Report of Proceedings, asks "that the Government and Legislature shall not introduce or carry through any new medical legislation unless such legislation on new Medical Acts be asked for by the College of Physicians and Surgeons directly or through their Legislation Committee." To have granted this prayer would have been to muzzle the electorate completely. The resolution, as given in the circular of the Executive Committee which accompanied the petition sent out for signatures, substitutes in place of this demand the simple prayer that such legislation shall not be introduced or carried through unless "it be first submitted to the Council of Physicians and Surgeons of Ontario directly or through its Legislative Committee." In the petition itself the prayer takes a third form, simply that "your honorable body will extend to the medical profession of this Province the courtesy of placing any proposed change or amendment before the Council for consideration." As we are credibly informed that the Government has always extended to the Council the courtesy of acquainting it with any proposed legislation, the petition as submitted to the profession amounted in this respect to nothing whatever.

The clauses referring to the tariff and unqualified practitioners were in our opinion most ill-advised and calculated only to perpetuate and intensify the antagonism already existing on the part of the Legislature towards the medical profession. As we have already intimated, many practitioners make the mistake of supposing that a tariff would fix a legal rate of charges to which all must conform. Since a tariff is clearly out of the question, and neither the present or any other Legislature would consent to any legislation in that direction. The tariff

proposed is designed simply to serve as a guide to judges in courts of law as to what should be regarded as reasonable charges in any suit for the recovery of a debt. As doctors very seldom sue and judges very generally ignore such a tariff, even if we had it, the matter is of little moment to the profession. Still these two clauses, no doubt, induced many men to sign the petition who would have otherwise refused to endorse anything even as mild as the first clause.

The Executive Committee, we are informed, attempted to rush the matter through by having an Amended Medical Act prepared by the solicitor for introduction to the House. Every medical man in the Legislature expressed his disapproval of the attempt to amend the Act now, as the time, in their opinion, was inopportune. When the Legislative Committee was called to meet on the 3rd inst., objection was taken to the Executive Committee attempting to go beyond what the Council had authorized by introducing into the petition matters which had not even been discussed, or attempting to introduce any legislation in the Legislature without the Council having first an opportunity to consider it and pronounce upon it. And so after costing in all several hundred dollars (perhaps the Registrar of the College will tell us the exact amount) the petition results in a fiasco. This petition was endorsed by the Medical School journals. Why?

To Our Medical Professors.

THE time always comes, in the advance of human progress, when we must ask ourselves, What is the real position of affairs? We must look around and enquire whether we are going forward or receding; whether we are doing the very best thing that we can do for the good of others? This time, we think, has now come in the history of medicine.

First, we would ask the many professors of medicine in our too numerous Canadian medical colleges, if they are displaying the highest example of professional ideal for the students to copy. On this matter we think there is room for improvement. The medical practitioner should always be a gentleman, and we firmly believe in the efficacy of teaching by example. We have seen, and know, of actions that were not quite ethical, coming from those in connection with some of our colleges.

Then, we would ask our Canadian professors if a young man came to them and was in earnest search of advice, whether they would

advise such young man to study medicine. To the very best of our judgment, the medical profession in this country is overcrowded. We would like to know if our Canadian medical professors think with us? We are sure they do. Now, if they do agree with us on this very important point, why do they flood the country with school announcements, the intention being to gather in an abundant attendance of "freshies." This converts the science of medicine into commerce; and a medical school is pushed as a wholesale house is pushed, by advertising and catalogues. The schools may exist and the teachers take part in the work of medical education, but let the young men and women find their own way to a medical college without these "catchy" inducements.

Again, we think there are too many medical colleges in the country. Five medical colleges in Ontario would strike us as a pretty liberal supply. The plain truth is, they are not all needed; but they are all doing their very best to make them go, to make them pay, to get as large an attendance as possible, and secure directly and indirectly as much gain as possible. We wonder where this wholesale advertising of colleges is going to lead to, and what effect it is going ultimately to have on the medical profession.

In the solution of the over-crowded and under-paid condition of the medical profession to-day all over the world, we do not think that the general practitioner may expect much help from the medical colleges. We would offer as a partial remedy for these rapidly growing evils that the general practitioners tell the plain truth about the condition of the medical profession, to the effect that it is not an El Dorado. This would keep many a young man from entering a calling where his services are not required. F.

ONTARIO MEDICAL ASSOCIATION.—President Coventry, of Windsor, has appointed the following Committee on Papers and Business for the coming meeting of the Ontario Medical Association, to be held June 2nd and 3rd, in Toronto: W. Britton, Chairman; J. A. Temple, A. H. Wright, F. Le M. Grasett, J. E. Graham, B. Spencer, of Toronto; A. Dalton Smith, Mitchell; D. S. Bowlby, jun., Berlin; John Dunfield, Petrolia; J. Dewar, Windsor; C. W. Hoare, Walkerville; R. W. Powell, Ottawa; James Third, Kingston; T. F. Holmes, Chatham; R. Raikes, Barrie. With these men at work throughout the Province, a good programme is sure to be secured. Their first meeting was held in the Council Buildings on the 12th inst.

SIR SPENCER WELLS, the well-known surgeon and ovariologist, died at Cannes on February 1st, in his seventy-ninth year.

WE regret to announce the death of Dr. R. M. Stephen at Manitowaning, son of Dr. Stephen, of Collingwood; also, Dr. Mitchell, of London. The former succumbed to phthisis, the latter to an acute pneumonia. Both were young, able, prosperous, and greatly liked by their professional associates.

ANALYSIS of food is enlisting the services of Roentgen rays for the discovery of adulteration. In pictures so obtained of powdered materials thinly scattered on a sheet of glass, the presence of any of the mineral adulterants commonly used is plainly visible on account of the rays not being able to penetrate them.

A LARGE PER CENT.—In his interesting article on the treatment of dysmenorrhœa in the *Canada Medical Record*, Dr. A. Laphorn Smith says: "On looking over my records of 3,300 cases, of whom 1,030 were seen at my private office and 2,270 came to the Montreal dispensary, I find that dysmenorrhœa is a very common symptom, almost one-fourth of all patients complaining of it."

ACUTE GONORRHOEA.—Fred. C. Valentine recommends bi-daily irrigations, without the catheter, of weak mercuric bichloride or permanganate solutions in acute gonorrhœa. These are first anterior, and later intravesical. Daily examinations of the first and second urine and discharge macro- and microscopically should be carried out. No drugs are given internally or hand injections used. Alcohol or carbonated waters are the only restrictions. He has seen cures in eight days after this treatment.

IMMORALITY IN CANADA.—The *Medical Age* for January 11th undertakes in a four-column leader to attenuate the virulence of the "strong" editorial entitled "Female Cyclists" which appeared in the *Dominion Medical Monthly* in September last, which was so severely criticized by the *Medical Record* and other medical journals, and states that "it is a fact that so-called bicycle schools do tend to foster immorality and provoke sensations that in many instances were before unknown to individual members of the sex." . . . "An appropriate seat alone will not meet the demand, but a means of propelling is required that will do away with the reciprocating pedal. In fact, the tricycle is more nearly the machine adapted to womanhood, and very little ingenuity would be required to fit it with a lever whereby the inductive power could be given by the knees acting in the same direction spontaneously."

Deaths.

STEPHEN.—At Manitowaning, Algoma, on Wednesday, March 10th, Richard Milne Stephen, M.D., eldest son of Dr. Stephen, of Collingwood, in his forty-second year.

Personals.

DR. KALBFLEISCH has commenced practice in Brussels.

DR. WOODS has removed from King Street to 194 Spadina Avenue.

DR. STINSON, of Castleton, has left for a trip to Europe. London and Vienna are his objective points.

DR. W. GRAHAM, of Brussels, has retired from practice temporarily, and is now in New York. On his return he will probably locate in Toronto.

DR. VERNER has returned from Rossland, B.C. "The woods are full of them." There are now thirteen doctors in that thriving mining centre.

DR. A. T. WATT has assumed the duties of Dominion quarantine officer at Williams Head, Victoria, B.C., having been appointed to succeed Dr. J. W. Duncan.

RE LODGE PRACTICE.—The physicians of Santa Clara County, California, have made the following agreement: "Whereas rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we the undersigned physicians and surgeons of Santa Clara County, California, enter into the following agreement: (1) We mutually, jointly and individually pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization. (2) We will not render medical or surgical services to the members of the above-mentioned bodies for less compensation than we charge the general public for similar services. (3) This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above-mentioned bodies. (4) These pledges shall take effect and be in force for a term of three years from and after May 22nd, 1896. This agreement shall not apply to hospitals and purely public charitable institutions."

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Practice in Newark, N. J.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—Although we frequently find letters in the medical journals from New York, Paris and London, we seldom or never hear from such places as this. Newark, N.J., as you know, is only a few minutes' ride from New York City, and is somewhat larger than Toronto, even excluding the many beautiful and suburban towns in its neighborhood, and affords much more clinical material to the physician and surgeon. There are four or five hospitals, all supported by voluntary contribution, the chief of which are the City Hospital, St. Barnabas' and St. Michael's. From Dr. Bennett, of the City Hospital, I understand there is not at present any city isolation hospital for contagious diseases, and although the ground has been purchased, there have been serious objections to its being built in that locality. With reference to diphtheria, the onus of diagnosis rests with a public bacteriologist, who will examine the membrane and decide when there is the least doubt, and also supply antitoxin free to medical men applying for it. The State of New Jersey has no Medical Council to pass penal clauses on the profession. Here our friend Dr. Sangster's occupation would be gone, as far as Council reform is concerned. The only body controlling the profession is a State Board of Examiners consisting of five regular practitioners, one homeopathist and one eclectic, all appointed by the Governor of the State, this Board being the only portal through which candidates obtain a license to practice.

Through the kindness of Dr. Robertson, a Canadian from Hamilton, and former pupil of my own, I was made acquainted with Dr. Edward Ill, the foremost gynecologist in this city. Dr. Ill is a graduate of the College of Physicians and Surgeons, New York, and spent about two years in Strassburg and Vienna. He is a kind and courteous gentleman, not yet at the prime of life, a rapid, careful operator, a firm believer in cleanliness and asepticism as differing from antisepticism, *i.e.*, he is particularly careful in having everything that touches the patient aseptic, as also the seat of operation. After the incision is made, no antiseptic touches the wound. He is also a good diagnostician, and successful as to results. He invited me to be present from time to time at his operations, and I accepted his kindness very gratefully and with much appreciation.

Last Saturday, at St. Michael's Hospital, he performed abdominal section for tubercular peritonitis. The diagnosis was a little obscure, owing to part of the ascitic fluid being confined in a separate sac (as was afterwards demonstrated), thereby somewhat simulating ovarian cyst. He opened the abdomen, broke all adhesions, then thoroughly irrigated the cavity with sterilized water only, and closed the wound in the following manner. He used silver sutures about an inch apart, passing through all the tissues, taking a small portion of peritoneum, a good hold of muscle and fascia, and very little integument. Before the silver sutures were twisted he brought the fascia alone together, by a double running suture of catgut. This is certainly a good idea and must assist in producing perfect coaptation, and preventing subsequent hernia. A glass drainage tube was inserted, the silver sutures tied, and a few surface skin sutures closed the cavity. The wound is now washed with alcohol and dredged with iodoform; the usual dressing of iodoform gauze and bandage completes the dressing. This is his usual method of closing the abdomen—silver suture is used by preference, but silkworm gut is sometimes put in, when saving time is an object to the patient. He uses napkins dry instead of sponges, which are carefully numbered, and, as usual, counted at the close of operation. I have seen gamgee tissue, or absorbent cotton enclosed in gauze, as a substitute; but this is the first time I have known the use of napkins for this purpose. It may be of interest to describe his method of preparing catgut. The gut is first soaked in corrosive sublimate solution, 1-500, until the white specks are gone, and begins to unwind, which may take from four to six hours. It is then placed in ether, with cotton at the bottom of the vessel to absorb the water which is displaced from the catgut and which keeps the gut up into the ether. This takes about ten or twelve days, when it is removed and kept in absolute alcohol for six months before using.

The next patient was one who had undergone the previous operation of supra-vaginal amputation of the uterus. Since that she has suffered a very great deal of pain in the stump, and it was decided to remove it per vaginam. This was to me a very interesting operation. The parts were thoroughly cleansed, as in every instance, the cervix curetted, and in doing so one or two sutures from the previous operation were brought away; an incision was made by curved scissors, about an inch or a little more around the os. The os was pulled down, the uterine arteries clamped on both sides; then the cervix was slit up to make room, and the stump cut away in parts. The peritoneum was then closed over the wound. The parts were thoroughly irrigated with sterilized water, and the vagina packed with iodoform gauze.

On the following Monday I had the pleasure of witnessing an abdominal section by Dr. Ill, upon a private patient at St. Barnabas' Hospital, for a fibro-myoma. He opened the abdomen, broke up some adhesions, brought out the tumor, passed two skewers through it, and ligated on each side the uterine arteries, passed around two rubber ligatures, and amputated the mass above the vagina; but before the excision was made the cavity was thoroughly irrigated with sterilized water, and the wound closed, leaving the stump in the wound. The stump surface was cauterized all over with Pacquelin's cautery, as an antiseptic more than a hæmostatic. In this case he would have preferred to drop the stump, after having closed it over with peritoneum, only the patient's condition was not very promising, and he felt justified in taking the quickest method to complete the operation.

On the following day at the same hospital, Dr. Ill performed two sections—one for a double ovarian abscess. It was a very bad case; there were a great many adhesions. The abscesses contained large quantities of pus of a decidedly objectionable odor. There was nothing unusual in the technique more than has been described, excepting after the pedicle was ligatured the mass was cut off by the cautery—his usual procedure in pus cases.

The other case was one which was brought to the hospital as an ovarian cyst; but before operating Dr. Ill pronounced it one of tubercular peritonitis, and so it proved. In this case, in addition to opening and washing out the cavity, a small portion of diseased ovary was excised and the fimbriated extremity of the Fallopian tube opened. In St. Barnabas, I examined a very good and useful portable gynecological table, capable of every position necessary for such work—the invention of Dr. Charles Ill, brother of the gynecologist. It is easily carried, and only weighs twenty-five pounds.

Last night, at a medical dinner, given by Dr. Robertson, already mentioned, I had the great pleasure of meeting eight or nine of the most prominent medical men of this city, among whom were three fellow students, who graduated the same time as myself, at Bellevue; also Dr. Washington, the county physician, who is a Canadian, and a graduate of Trinity. I found them a lot of genial gentlemen and enthusiastic workers in our noble profession, from whom I obtained much information on matters medical. I must now conclude. I fear I have already trespassed too much on your space.

Yours faithfully,

WM. GRAHAM

Ontario Medical Council.—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—The January number of your journal has an editorial signed "F.," on the "Ontario Medical Council." With much that it contains we agree. The representation of the schools and universities is, as you say, not satisfactory. The Council has felt this for years, and has applied to the Legislature for amendments to the Medical Act in that line, but that body has declined to make the necessary change. It may fairly be argued that the interests of the profession are served by the teaching school and degree-granting university being represented. But here representation should cease. That those organizations which neither teach nor grant degrees should continue to have representation is neither necessary nor useful.

Changes on this line, however, would not be as far-reaching as *you* wish. Where the school and university are distinct incorporations, in affiliation only, they would not be affected. We are informed Queen's University and the Royal College of Physicians and Surgeons of Kingston are in this position, also the University of Trinity College and Trinity Medical School. Toronto University, and the Western University, each has its own medical faculty. In such cases, one man represents both teaching and degree-granting bodies. In the meantime, however, the representatives from the other organizations are there, as you say, by statute, and while that remains in the present form, have the same rights as other representatives.

Your paragraph dealing with the homœopathic representation is more open to question. Before the profession decide to seek changes here, they should fully understand how the present status was secured, and the probable results of disturbing it.

Before the medical profession of Ontario was incorporated under the name of "The College of Physicians and Surgeons of Ontario," there were three distinct branches, by any one of which the student could become a legalized practitioner—the regular, the homœopathic, and eclectic branches. This does not fully present the case, for there were six or more organizations of the regular profession that could grant degrees or certificates, by which license to practice could be obtained. There were, then, seven or eight doors to the profession. To induce all these organizations to shut their doors, and compel all students to come before the one examining body to obtain the right to practice, required much manipulation, with

concessions and compromises. After these had been made, the agreement took the form of a statute, and the Council became the sole examining and registering body. One concession allowed the homœopaths and eclectics each to have five representatives in the Council, to twelve from the regular profession. This was thought a small concession for the advantage gained. At a subsequent period, the eclectics were merged into the regular profession, and ceased to have special representatives in the Council, that body being reduced in numbers by the five eclectics. It so remained until, by the agitation of three years since, their places were filled from the regular profession, again enlarging the Council to the original number.

Thus far the compromise has been fairly and honorably carried out by both parties (unless the election of five members of the regular profession in place of the five eclectics was a breach). The representatives of the stronger body in the Council, in the matter of offices, considered it not simply their duty, but also a wise professional policy, to deal fairly, if not generously, with the representatives of the weaker branch. The proposition to change the representation is a proposition to break the compact. If broken by the allopaths, would it not liberate the homœopaths? Would they not then apply to the Legislature for the reestablishment of their licensing board? Could they not use with effect the argument that the stronger body had broken the compact, their status being thereby destroyed? Under these circumstances—the appeal of the weak against the unfairness of the strong—unquestionably the Legislature would hear their appeal and re-establish their board. Two examining and registration boards would then exist in place of one—a serious detriment to both the public and the profession. How long before a reorganization of the eclectics would follow? On their success would there then spring up electricians, hydro-paths, faith-curers, etc.? Medical men do not control the Legislature. When enactments are asked from a body interspersed with more than the usual sprinkling of cranks and Patrons, who can guess the result? Can we hope the intelligent politicians who are left will be able to grant our requests in the form we wish? Before an agitation in this line is set on foot, the probable results and consequences should be fully weighed.

Yours, etc.,

Ingersoll, Feb. 19th, 1897.

J. ARTHUR WILLIAMS

Medical Council—Dr. Sangster.

Preaching versus practice. Three elected members of Inner Circle a la "The Three Tailors of Tooley Street"—Peeps behind the scenes—Parties in the Medical Council—Dr. Williams' purely technical relations to honesty in debate—"Who's afraid?"—Disqualifying effect of Upholstered Chair—Where confirmatory evidence is to be sought for—Dr. Williams' notions of lexicography examined—Small trickery—Challenged to substantiate his slander as to the use of Billingsgate—His ideas of bacteriology reviewed—His lowliness of mind—His diatribe against the use of headlines discussed—Complimented on his pose as the Turveydrop of the Council—Effect which the schools exert on him—One of his urgent queries answered, and an answer to the other promised.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the January number of the REVIEW I find a letter from Dr. Williams, which, lacking as it does the finish and finesse of his finer work, scarcely does justice to his very great ability as a skilful and practised sophister. In almost every paragraph, however, it serves to illustrate the truism that it is much easier to preach than to practise courtesy towards an opponent—especially when one is so ill-advised as to reply while still quivering with the pain of a recently received castigation. I am sorry to see that my very moderate critique on his lecture "How to be successful as a Reformer in the Medical Council" has wounded the gifted lecturer much more deeply than was designed, and I hope that, in reviewing his letter and some of his contentions in the Council Chamber, I may be able to correct his misstatements, and expose his misrepresentations, and uncloak his sophistries without any further material hurt to his *amour propre*.

The doctor is to be congratulated on the production of a very "spicy" and "racy" grammatical *melange*. True, the promiscuous employment of the singular and plural forms renders it at times a little obscure, but it has a *bizarre* effect which adds greatly to the piquancy of the whole. I am inclined to regard the much reiterated "we" as being merely the bumptious "we" of the celebrated "Three Tailors of Tooley Street." That, however, and other purely comical aspects of the epistle may call for review when I may chance to find an hour less heavily freighted with serious duties than the present. Meanwhile, as the "we" and "our" and "us" are manifestly not here used editorially, the clear inference is that Dr. Williams desires to intimate that he is fortified with the endorsation, and that he writes with the assistance of one or more of his associates of the Inner Circle.

Your wily correspondent is naturally most anxious to keep your

readers in the dark, as to the hidden machinery by which the Council is run, and for years past has been run, to the great detriment of the profession. He knows that a spirit of inquiry is abroad, and that suspicions are rife, which, in the interests of himself and his friends, it would be well, if possible, to lull. He knows that the electorate is shaking itself free from the unmanly apathy of the past, and that hundreds of medical men now eagerly read and discuss everything that appears in the REVIEW pertaining to Council affairs and to questions of professional politics. He knows that I have made, that I am making, and that I intend to make—touching himself and his two recreant territorial associates of the Inner Circle—charges of subordinating the interests of the electorate to those of the schools, which, if sustained, must, or should, relegate all three of them to private life. And, notwithstanding his effort to whistle up enough courage to cry “who’s afraid?” he keenly realizes their common danger, and, so, seeks to break the force of my disclosures by attempting to discredit me as a witness. Hence the attack on my veracity which forms the key-note of his letter. Part of his concoction is strongly suggestive of the big manner and lofty tone of a well-caned school-boy, swelling with offended dignity and seeking relief in bluster, and part of it is simply an explosion of hysteria, calling, not so much for sober reply or further flagellation, as for 60 gr. doses of pot. brom., recumbency in bed, and, perhaps, an ice-bag to the occiput. And I could well afford to dismiss the whole epistle without comment, were it not for the aspersion referred to. He who ventures to charge another with deliberate and intentional falsehood should himself be a truthful man. I am prepared to vindicate every statement I have made when it is specifically attacked, and, in the case of those so challenged by Dr. Williams, I shall at once proceed to their justification; but, while doing this, I am driven, in self-defence, to institute an inquiry into his own present standing and past record in respect to honesty and veracity of statement in public debate. Believe me, sir, the task is an uncongenial one, and if I carry the war into Africa by showing that the doctor’s status or rather his want of status as to credibility was settled beyond dispute three or four years ago—and that his truthfulness is still quite as uncertain as his plausibility is sure, I do it in no paltry spirit of vindictiveness, but simply as a wise and a necessary precaution against future similar attacks from the same source. I shall presently devote a paragraph to the elucidation of this.

Dr. Williams avers that there is no governing party in the Medical Council—in fact no party whatever save the opposition. It would have been the safer and the more consistent plan to have also denied that there is any opposition, because everyone must realize the absurdity

involved in admitting that there is an opposition, while claiming that there is no other party for this to oppose. There certainly is a *mis*-governing party in the Council, and the doctor is a very prominent member of it. In point of fact there are three distinct parties in the Council. There are the six Stalwarts who form the opposition. There is the Ruling Alliance or Government of sixteen—embracing the eight school-men, the five homœopaths and the three territorials (including Dr. Williams) who have been moulded into shape to fill the President's chair. And there are the eight elected men who style themselves Independent Members and whose very cognomen, sir, explodes your correspondent's whole position in this matter, since there manifestly could not be an independent section of the Council without there being an extreme party on either hand, or, in other words, both a government and an opposition. Besides Dr. Williams has admitted, and he dares not now deny, that a Caucus—as he prefers to call it—is summoned each year antecedently to the Council meeting, or that he has himself been in the habit of attending it. Now if sixteen members or any other majority of the Council meet from year to year in secret session—to the exclusion of the Stalwarts and the Independents, and there and then settle the personnel of the Council officials and committees, and become mutually pledged to certain lines of policy, what is the use in indulging in baby talk about there being no government and no parties? Does the facile doctor fancy that he is writing for the edification of imbeciles, and that plausibilities, which might easily pass muster in the Inner Circle, are at all likely to satisfy intelligent men outside the Council Chamber, who are free from all taint of entanglement with that alliance?

I have no controversy with the school men or the homœopaths with regard to their control of the Council. I have more than once complimented them on their watchful and manly fidelity to the interests they are appointed to guard, and I have openly expressed my opinion that, if they can secure the assistance of two or three or any larger number of elected representatives, by tickling their vanity, so as to thereby retain control of the Council, they have a perfect right to do so. The loyalty of the Stalwarts and of the Independent Members has never been questioned. The words "ductile" and "subservient" and "recreant" have been applied exclusively to Dr. Williams and his two territorial associates of the Inner Circle. No one knows this better than Dr. Williams himself, yet with characteristic disingenuousness he strives, both in his lecture and in his letter, to make it appear that I have applied these terms "to *all* the other members of the Council" outside the opposition. This is his idea of honesty and of honorable

warfare! He revels in the fact that the Stalwarts of the Council number but six in all, or that I can count the number of those who act with me "on the fingers of one hand." Well, sir, this is an evil which we look to the electorate to remedy at the approaching elections, and I confidently expect that the next Council will contain more Stalwarts than can be numbered on the fingers of three hands. Meanwhile, Dr. Williams is welcome to all the satisfaction he can procure from the consciousness that it requires all the *thumbs of both hands* to number *his* ELECTED supporters in the Inner Circle.

Your correspondent terms me the leader of the opposition, and apparently fears that, by some hocus-pocus, he may find his sleeve pinned to my coat-tail, or, at all events, he somewhat too vehemently asseverates his unalterable resolve never to resign the Head Centreship of his *party of two* in order to fall into the ranks of any combination. He labors under a delusion, and is needlessly apprehensive. The Stalwarts, who are fighting the battles of the electorate in the Council, are all full privates. They have no leader, hold no caucus, recognize no party shibboleths. That they commonly see things eye to eye arises from the fact that they view them from the same standpoint—that of the well-being of their constituents and the profession at large. A common determination to look at affairs with an eye single to the vital interests of the electorate is their only, though sufficient, bond of union. And the only way in which Dr. Williams could attach himself to me or to the band of faithful men with whom I am proud to act, would be to separate himself from the schools and to similarly pin himself to the interests of his constituents. Of this, now, there is, I fear, but little hope. So far as Council matters are concerned, the doctor lives in an exploded past. It is his great misfortune that he is hobbled, shackled, hampered, bound hand and foot by the votes and contentions of past years and of former Councils. He cannot unpin himself from the skirts of the schools, and it would, apparently, require an experience quite as severe as a surgical operation to convince him that any action or stand taken by a Council which had the good taste and discernment to elect him as its chief officer, could be otherwise than right and wise and politic, or, was now open to review and improvement. Your readers, sir, can require no clearer proof of the correctness of this diagnosis and prognosis of his case, than they can find in his Council votes and contentions during the past two years—the official Report of which I again commend to their careful and critical study. It is, indeed, a noteworthy fact that, of the four territorial members of the last Council who secured re-election to this, the only one who has shown sufficient will power and right

feeling to emancipate himself from the cramping influences of past association, and to assert his manliness by taking his stand as an advanced independent, more anxious to serve his constituents loyally, than zealous in a vain attempt to block the wheels of progress, is the only one of the four who was deemed, by the Inner Circle, insufficiently ductile to be placed in the President's chair. And those who have followed my exposition in Council debates and in this series of letters, of the "how" and the "wherefore" territorial men are elevated (?) to the dignity of being presiding officer of the Medical Council, can readily understand that, under existing circumstances, an elected man can have no higher certificate of perpetual incompetency for all future usefulness as a representative in the Council Chamber, than is furnished by his being able to write "President" or "Ex-president" before or after his name. And again I say that those who are still in doubt and desire to see this statement verified have only to watch the specious sophistries and the disloyal votes, on all questions of retrenchment and reform, woven and cast by the three elected men who are members of the "Inner Circle," and who have all been wire-drawn through the devious and constricted channels which, for territorial representatives, are, at present, the only avenues of approach to that questionable, though by some coveted, honor. No doubt my esteemed friend Dr. Rogers, himself, had in view this disqualifying effect of the upholstered chair, when, in his address to the medical men of No. 17 at the last election, he said, with reference to his opponent, the late Dr. Bergin—"Had he not secured in the past the position of President of the Council, there would be some excuse for the attempt to retain the honor for another term," *i.e.*, the honor of being again elected as a representative.

Dr. Williams' letter is very largely devoted to a labored yet somewhat flabby attempt to explain away his fatal admission that to convince the "Solid Phalanx"—which I may remind you, sir, though the ruling majority, is not the Council—a member has merely to present his contentions in a way "*calculated* to win confidence" quite irrespective of their intrinsic truthfulness or falsity. And he closes this part of his letter by making the remarkable declaration, "We rest on this," *i.e.*, on the definition "*calculated* to win confidence." "It conveys our meaning, and we stand by the word. And further, . . . we stand by the sentiments." This is altogether satisfactory to me, inasmuch as it explicitly defines his position beyond all future disclaimer.

He somewhat bitterly complains that, with the assistance of Locke, I make the "poor word" *plausible* to be nothing less than "*lying*." This is not quite true, as anyone can see by a reference to my letter.

Locke, as quoted by me, merely says that a liar may be a plausible man, but, if mundane controversies fall within his ken in the "Land o' the Leal" I can well believe that he must now regret that he had not, while here, transposed the terms of his proposition and changed the permissive "may" into the imperative "must." The insertion of the word "*lying*" within inverted commas, as though quoting from me is—well, serves to show the artistic skill of your accomplished correspondent, and his freedom from the vulgar restraints that hamper ordinary mortals in formal debate. But the doctor himself, by the aid of the Standard Dictionary, makes the "poor word" *plausible* mean something incomparably worse than ordinary lying, and he then rashly declares that he stands by it. Quite familiar with the second definition assigned to *plausible* in the Standard Dictionary, which is that credited by the learned doctor to "Funk & Wagnalls," I generously refrained from quoting it, because the very suggestive term, *calculated*, conveys, to any one familiar with the use and meaning of words, the idea of plot, of crafty design, of intentional, premeditated dishonesty. The Standard Dictionary makes the word *calculated* mean "studied out," "planned," "specially designed," while other works give as its synonyms, "preconcerted," "premeditated," "contrived craftily," "studiously predetermined." So that "calculated to win confidence" is equivalent to "cunningly planned," or "artfully contrived to win confidence." In this sense to deliberately pursue, in debate, a manner "*calculated* to win confidence," without explicitly limiting the means to be employed to such as are right and honest, is a course of procedure as much more odious and reprehensible than simple spontaneous lying, as the stealthy stab beneath the fifth rib, given with malice prepense, is more atrociously diabolical than the open blow, prompted by passion, and delivered by impulse. Society abhors the sordidness of the wretch who says to his son, "Get money, my boy, get money, honestly, if you can, but, get it." The gifted doctor, as interpreted by himself, goes altogether beyond this—expresses no predilection whatever for truth or honesty—divests himself of every shred of ethical scrupulosity, and, in effect, suggests that I should prevail over my opponents in debate by means—by any means "*calculated* to win confidence." An ordinary lie is aggressive, and commonly arouses resistance, or, at least, is received with hesitancy and suspicion. A well-built plausibility, on the other hand, is cunningly insinuating, and must be as fair, in guise, as Truth itself. It deceives the unwary, chiefly because it is presented in a manner *calculated* to win confidence, and it is, therefore, immensely more mischievous than any simple lie.

Hence, although in common with all persons of any refinement, I strongly condemn the coarseness of his mode of expression, I do, with the world at large, most heartily endorse the sentiment of the writer who first classified all untruths, in the order of their hideousness, into "Lies, d——d lies, and plausibilities." Surely your subtle correspondent must see that, by the aid of "Funk & Wagnalls," whom he quite eloquently terms the "moderns," he deliberately places himself, not merely where I had left him, but very much deeper in the mire!

There is one peculiarity about this portion of the doctor's letter which rather obtrusively challenges comment. The Standard Dictionary was compiled by an editorial staff of over two hundred persons, and was published by "Funk & Wagnalls." A very few persons, possibly, know that Dr. Funk was editor-in-chief, but probably, even among men of scholarly attainments, not one in ten thousand would know or suspect that the Standard Dictionary is referred to when "Funk & Wagnalls" is quoted. Now, unless it be with some special and questionable design in view, no one ever quotes a well-known work by the name of its publishers. A writer never takes a definition from Worcester's Dictionary and credits it to Lippincott, the publisher of Worcester. And if the publishing firm of "Funk & Wagnalls" ever issue an edition of the English Classics and of the "New Testament," who would ever dream of declaring that "Funk & Wagnalls" say this or say that in *their* "Ivanhoe," or in *their* "Idylls of the King," or in *their* "Book of Revelation"? Yet the doctor quotes a definition, or, rather, part of a definition, from the Standard Dictionary and credits this to its publishers! Is there any assignable reason for this curious substitution, for this pointed avoidance of the word "Standard"? Does it arise from ignorance or design? Scarcely the former, because the daily press has for months past been filled with flowing advertisements of the easy terms on which the *Standard Dictionary* can be secured. Your correspondent elsewhere in his letter indignantly claims that words must be used with their context, and be taken in their connections. Now, the second definition of the word "plausible," given in this work, reads thus:

2. "Calculated to win confidence; employing specious arts or arguments; as a plausible speaker."

So that the highly consistent doctor tears away from its connections and gives only the first clause of the definition—recognizing the fatal force of the context—but utterly failing to realize the still more damning effect of the part he isolates and gives, and rashly declares that he stands by. Can you wonder, sir, that there are

persons uncharitable enough to claim that the careful concealment of the word "Standard" was artfully designed, was *calculated* to preclude the possibility of your readers discovering this *suppressio veri* by a reference to the work quoted? For myself, I decline to believe that Dr. Williams is alone responsible for this contemptible piece of small trickery. I prefer to regard it as being largely the effort of one of his illustrious collaborators who is also well known to have proclivities which lie in that direction.

The gifted representative of No. 2 becomes excruciatingly funny and characteristically plausible over my remark that the three Head Centres, assured of the support behind them, are, ordinarily, merely specious and inane in Council debate, and tries hard to show that at least one of them can, on occasion, exchange the flatness of dialectic dishwater for the nastiness of literary bilgewater. And "willing to wound, but afraid to strike," he resorts to cowardly inuendo where he dares not openly affirm, and so insinuates that my raciness in debate is the language of Billingsgate. Now, any ten year old Ingersoll school boy can tell him that, however unpleasant and rasping—owing to the amount of truth they incase, the words *ductile*, *subservient* and *recrulant* may be to him personally, and to his two elected associates of the Inner Circle, they do not belong to or approximate to the vocabulary of Billingsgate, and also that "racy" is a word of good and not of evil import, and that it means "rich, flavorful, spirited, forcible, pungent." His Standard Dictionary gives its antonyms or opposites as "cold, dull, flat, flavorless, vapid, stale, stupid," and says that "as applied to literary products *racy* refers to that which has a striking, vigorous, pleasing originality," and as an example of its use quotes De Quincey's "Opium Eater." "Pure mother English—racy, and fresh with idiomatic graces." Yet your elegant correspondent, purely on his own authority, ventures to assure you that "few members of the Council have a desire to be trained to this raciness of expression." Well! if such be the case, so much the worse for the Council. As to his vile inuendo touching myself and my friends, I challenge Dr. Williams to instance a single word or expression used in Council debates or in our letters to the press, either by myself or by any one of the members who act with me, that can be fairly characterized as coarse or vulgar or as approaching to coarseness or vulgarity. Will Dr. Williams accept this challenge, or, by his silence, confess that he has basely insinuated an untruth and suggested a charge which he cannot substantiate? Your many readers, sir, will watch with keen interest and curiosity, on which horn of this dilemma my honorable friend is prepared to sit impaled. Meanwhile his dishonesty in attempting to

extend the application of the terms "specious" and "inane"—by me explicitly limited to the three Head Centres—to the entire Council is so manifestly a high class "plausibility" that it may be dismissed with the contempt it deserves.

The microzymes of the bacteriologist, heretofore isolated and described, are, I believe, sir, all strictly homogenetic in kind, and possessed of but limited penetrative power, and it would therefore seem as if the phenomenon of microbic xenogenesis was a discovery reserved for our distinguished fellow countryman, Dr. Williams. His very modest remarks in this connection are, I confess, a little obscure. They cannot, however, mean that the microbes causing flatness in his June dishwater produced an outbreak of *flatness* in December, because the whole gravamen of my offence, and the very pith of his complaint, is that the December outbreak was not pleasantly and agreeably flat, but only too pungently *racy*. Ergo, the Williams bacillus of dishwater, in flagrant disregard of God's injunction that each created existence shall bring forth after his kind, is heterogenetic and procreates, not identity, but contrariety of type, the flatness in the parent microbe becoming raciness in its progeny! Further, the whole science and art of aseptic surgery is based practically upon the assumption that the living human skin is impervious to even the most virulent and insinuating bacteria. Dr. Williams rudely explodes this mistaken notion, and fills the Faculty with dismay, by citing an instance in which the Williams bacillus has passed through the toughest hide—has penetrated the integument of even the pachydermatous Dr. Sangster, and, such being the case, all other poor mortals are of course entirely at its mercy. Grand discovery! Wonderful man! What does it really amount to, sir? Does it mean that Canada is, at last, to be congratulated on having produced a truly great scientist? Or does it simply mean that Dr. Williams is as loose and inexact in his knowledge of bacteriology, as he has been shown to be hazy in his notions of lexicography, and lax in his ideas of official duty, and technical in his relations to truthfulness and honesty, and unrestricted in his selection of means *calculated* to win confidence in Council debates and in public discussions?

Dr. Williams' hysterically pathetic quotation from Cowper, "I would not number in (*sic*) my list of friends . . . the man who needlessly sets foot upon a worm," is, in this connection, almost too recondite for an ordinary intellect to grasp. If, as is presumably the case, it is intended to intimate that I have forfeited his friendship *because*, in his opinion, I have *needlessly* set my foot upon a *worm*, my loss, which I honestly deplore, is a melancholy illustration of the frailty of such ties,

while the cause assigned, or rather the phraseology in which it is expressed is a notable example of that almost heroic personal humility and self abasement—which many can admire but so few attain to. If in my great anxiety to strangle or at least to scotch the snake “plausibility” in Council debates, I have indeed inadvertently set my foot upon a worm, I am very sorry. I will not say the worm ought not to have been there. I simply plead my ignorance that there was any worm—even Shakespeare’s “worm of conscience”—hidden in the Apple of Discord. I will, in future, try to pick my way more circumspectly. And yet, sir, I have a goal before me which I am bound to reach—to wit, the complete emancipation of the profession in Ontario from the control of the schools. Walking to this end, in a straight and narrow path, and wearing No. 8’s, if a worm—if even three worms do get in my way, they may expect to have to squirm occasionally.

The second letter of your plausible correspondent has just reached me. It and a few reserved points in his first communication shall receive my best attention in the April REVIEW. I have already more than filled my allotted space in this number, and yet I must ask your further indulgence while I unravel two or three of his more recent tangles.

He is moved to bitter reproach at the iniquity of italicized head-lines. He *professes* not to know, with the world at large, that they are a bill-of-fare prefixed to a chapter, or a lecture, or a letter, as an introduction or table of contents, and are designed to catch the attention of the passing reader and to challenge his critical perusal of the context. He sees only evil in their use, characterizes them as dishonest and in every way reprehensible, and condemns their employment unequivocally, rather offensively, and without any reservation whatever. And yet, sir, I am credibly informed, and to his very great honor I record it, that in his earlier years Dr. Williams entered the sacred desk to expound the Word of God. And although in these later days of artistic plausibilities and official tergiversation and Council tortuosities, my beloved brother has, possibly, lapsed from his high estate, and is now much less familiar, than then, with both the substance and the form, the spirit and the letter of Holy Writ, he he may still, with some effort, recall to mind the fact that every chapter of the Good Book is introduced, and freely and fully introduced, by italicized head-lines. When he remembers this, my dear Local Brother will, I am sure, moderate his strictures and no longer insist that, because of my italicized head-lines, I shall be classed with quacks and rogues, and thieves and murderers *et hoc genus omne*. He may even feel constrained to reluctantly admit that with these same head-lines I am in good, rather than in bad company.

Then you are told that I call the medical journals of Ontario "School Journals;" and yet, in common with the whole body of your readers, he knows that he is deliberately misrepresenting me; that throughout my whole correspondence, I have never failed to clearly discriminate between independent medical journals like the REVIEW, and the three medical journals published in the special interests of the three leading medical schools, and that it is only the latter that I call, or ever have called, school journals. Perhaps the plausible doctor will now tell the profession what he calls these.

How great a bounty and a blessing it is that the Medical Council has, among its members, a real live Turveydrop of its own, ever condescendingly ready to pose as a Model of Deportment, and to do his best to "polish, polish, polish" the rude material that comes unshaped into his hands. Why, sir, it is a liberal education to come in casual contact with such a fountain of Courtesy and Gentility! Observe how euphemistically he converts the vulgar expression "shaking a red rag in a bull's face" into "a red rag shaken before some of the bovine species." "Red rag shaken" is, however, clearly and indubitably the clumsy blunder of some plebian and unpolished type-setter. It is offensive to that good taste and Deportment of which the doctor is the distinguished exponent. To attach the truly elegant euphemism "some of the bovine species" to so low an expression as "a red rag," violates one's sense of the eternal fitness of things, and is just as absurdly ridiculous as it would be to attach the state coach of the Lord Mayor of London—with all its armorial bearings and heraldic blazonry and gilded body and silk lining and bullion fringe, to the tail of an ungroomed and half-starved costermonger's donkey, clad only in his ample ears and a rope bridle. I have, therefore, no doubt, if you consult the printer's copy, you will find that the entire phrase, as it flowed from the polished pen of your brilliant correspondent, reads like this: "When a lacerated fragment of ensanguined drapery is rapidly oscillated to and fro with a vibratory movement in the countenance of some of the bovine species." It is, I think, clear that the compositor, after setting it up thus, dropped his "stick in amazement, knocking all but the last few words into "pi," and in despair of ever being able to do it again, substituted "red rag shaken before" for the part destroyed. How overwhelmed with a humiliating sense of Boestian want of polish, one becomes in the presence of such Deportment, of such Refinement! Talk of calling a bull, a *bull* in the Medical Council chamber, "where alone," to use the words of the doctor's immortal prototype, "what is left among us of DEPORTMENT still lingers," and where, since the late elections, "there are not many

gentlemen left. We are few. I see nothing to succeed us but a race of weavers" and penny-a-liners and nothing-a-milers! Perish the thought! Alas! sir, the schools exert no exciting effect on the distinguished representative of No. 2. Their influence on him is eminently soothing and enervating and emasculatory. Indeed, they hypnotize him so completely that, in the Medical Council chamber, it is difficult, nay, it is impossible, to realize the fact that he was sent there to guard the interests of the profession, and not to help the school men and the homœopaths to control the Council to the detriment of the electorate.

Your correspondent is very curious as to why importance has been thrust upon his "little effort," and why I am not content to rest my case, with the electorate, on the official Report of the Council Proceedings. The latter question I will answer in due course, somewhat to his confusion, I fancy. In reply to the first, allow me to say, sir, it was necessary to unload the doctor in order to clear the field for future action. I have now drawn his fire, and no one has been hurt thereby save, perhaps, himself by the recoil of his own gun. Having shown that he can be stung into some semblance of an attempt to explain away his dialectic peculiarities and his ethical eccentricities, the profession will now naturally expect him to say what he can in justification of his far more serious disloyal votes and official blunders.

In my next letter I propose to give my promised paragraph elucidating my averment that Dr. Williams' want of status in regard to truthfulness and honesty in public discussion was decided more than three years ago. I hope also to then conclude my review of his two letters, and of his contentions in Council in regard to the composition of the Executive Committee.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, February 16th.

MEDICAL MEETINGS.—It appears to us that physicians could employ their time more profitably than attending many of the medical meetings which occur. No worthy object is gained by reading or discussing papers which contain nothing new, and which in general may be found more succinctly stated in standard text-books. How much wider our knowledge, how much broader our culture, how much better doctors we would be, if instead of forever hobnobbing together on time worn themes, we should devote these hours to literary kings and queens, or to little journeys into the territory of neighboring science.

American Médico-Surgical Bulletin.

Miscellaneous.

DRUGS MADE IN GERMANY.—The *German Pharmaceutical Journal* estimates that 117 new drugs have been brought on the market during the second half year of 1896.

THE NEW YORK POLYCLINIC.—The trustees have decided to rebuild on the site of their former building, Nos. 214, 216 and 218 East Thirty-fourth Street. The work will be begun immediately.

AN anatomical anomaly not noticed in the late volume issued by George M. Gould. At a recent meeting of the Chicago Gynæcological Society, the paper of the evening was upon the "Treatment of Hæmorrhoids." In the course of the discussion, an eminent member of the Society prefaced his remarks with these words: "Gentlemen, the rectum is coming to the front."—*Medical Standard*.

THE BRITISH MEDICAL ASSOCIATION.—Dr. William Osler, of Baltimore, will deliver the address on medicine before the British Medical Association at the Montreal meeting in August next. Dr. Stephen Mackenzie will be chairman of the section on medicine, Mr. Christopher Heath of the section on surgery, and Mr. Watson Cheyne of the section on pathology. Lord Lister has announced his intention to be present.

THE MEDICAL LIAR.—Plagiarism is a personal sin, and he who thus sins does but little harm to his fellows. But quite different is the medical liar. He sins not only against himself, but against his fellows. It makes little difference whether he lies with the direct and deliberate intention of deceiving, or from criminal negligence in ascertaining the truth. In either case he is a public nuisance and an enemy to the profession.—*Archives of Pediatrics*.

PHYSICIANS AND DRUGGISTS.—A Prussian law forbids physicians to direct their patients to any special pharmacist in order to have their prescriptions compounded. A medical man has recently been fined three hundred marks, under this statute, for displaying in his waiting-room a notice requesting his patients to have their prescriptions dispensed by a neighboring druggist. In the course of the trial another law was cited which debars pharmacists from giving Christmas presents to physicians.—*Medical Record*.

INCREASE OF MEDICAL STUDENTS IN TEN YEARS.—In 1883-84 the number of regular schools of medicine in the United States was 88; in 1893-94 it was 109. Homœopathic schools in 1883-84, 13; in 1893-94, 19; and eclectic, 9 in 1883-84, and 9 in 1893-94. The number of students increased in this period from 10,600 to 17,601. *Medical Record.*

KEEP in, to the most pronounced degree, the procession of the medical profession; keep in the front of the procession, in the hand waggon if you can, if not, somewhere along the line, even at the tail end; don't drop out—the doctor who drops out of the procession, or hesitates, is lost—in other words, make up your mind to keep ahead of the times, rather than behind them.—*Love's Lance.*

THE CACHET S. CHAPIREAU.—For solid medicines the Cachet S. Chapireau is in all respects the most expeditious, efficacious and practical form of medium. It can be readily taken by anyone, even by children, whereas there are thousands who are unable to swallow a pill. The composition of this cachet dissolves as soon as it reaches the stomach, and consequently the medicine takes immediate effect. Being made of the thinnest possible wafer, it cannot interfere with digestion or create disturbance in the most delicate stomach. For fuller explanation we would refer to the advertisement of the Canadian Specialty Company, 38 Front Street East, Toronto, Ont., who are the Canadian agents, and have placed a great many machines and cachets all through the Dominion, and who will mail samples of the cachets on application.

FOUND DRUNK.—When the police in Denmark find anyone in the streets drunk and incapable, they take him in a cab to the station, where he gets sober under a surgeon's care. On recovering sobriety the police take him home. A bill for the services of the cabman, the surgeon, and the police agents for special duty is then presented to the host of the establishment where the patient took his last drink. In Turkey, if a Turk falls down in the street while intoxicated and is arrested, he is sentenced to the bastinado, which punishment is repeated as far as the third offence. After the third bastinado he is considered to be incorrigible, and is called "Imperial," or "privileged" drunkard. If arrested after that he has only to give his name and address, and state that he is a "privileged" drunkard, when he is released and conducted home, the bill for these kindnesses being rendered to him for payment next day. *British Medical Journal.*

AGE AND VOLUPTY IN WOMEN.—A widow, seventy years of age and twenty years past the climacteric, who had experienced two apoplectic seizures, recently married, and, having been advised to avoid any excitement for fear of return of the "strokes," wished to know whether sexual indulgence was contra-indicated. She declared her sexual sense, her passion and her gratification were as great, if not greater, than before the menopause.

"MILITARY Cycling in the Rocky Mountains," by Lieutenant James A. Moss, Commander of the Twenty-fifth United States Bicycle Corps, is the title of No. 62 of Spalding's Athletic Library. It contains an interesting account of the trips of the first bicycle corps organized in the army, and besides a handsome portrait of General Miles, is illustrated with views taken in Yellowstone Park and along the line of march. The book will be sent post-paid to any address in the United States or Canada, on receipt of 10 cents by the American Sports Publishing Company, 241 Broadway, New York.

LARYNGEAL OR WINTER COUGHS.—Walter M. Fleming, A.M., M.D., Examiner in Lunacy, Superior Court, City of New York ; Physician to Actors' Fund of America, etc., in giving his experience in the treatment of the above and allied disturbances, in *The Journal of Nervous and Mental Disease*, submits the following : "In acute attacks of laryngeal or winter cough, tickling and irritability of larynx, faith in antikamnia and codeine tablets will be well founded. If the irritation or spasm prevails at night, the patient should take a five-grain tablet an hour before retiring, and repeat hourly until allayed. This will be found almost invariably a sovereign remedy. After taking the second or third tablet, the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail morning or mid-day, the same course of administration should be observed until subdued. In neuroses, neurasthenia, hemicrania, hysteria, neuralgia, and in short, the multitude of nervous ailments, I doubt if there is another remedial agent in therapeutics as reliable, serviceable and satisfactory ; and this, without establishing an exaction, requirement, or habit in the system like morphine. Finally, in indigestion, gastritis, pyrosis, nausea, vomiting, intestinal and mesenteric disorders and the various diarrhoeas, the therapeutic value of antikamnia and codeine is not debatable. The antipyretic, analgesic and antiseptic properties are incontrovertible, and therefore eminently qualified to correct the obstinate disorders of the alimentary canal."

The Better Known, The More Approved

The simplicity of the combination is not more important than the method of obtaining the laxative principles of Senna to combine with aromatic carminatives, pure white sugar, water, and a small quantity of the juice or soluble substance of figs, to form the family laxative manufactured by the California Fig Syrup Co., and known to the medical profession by the fanciful name : : :

Syrup of Figs

given to the preparation to distinguish it from all other laxatives. The high standing of the managers of the California Fig Syrup Co. with the medical profession, and its special facilities for manufacturing a perfect laxative, guarantee to physicians the excellence of this product. : : : : : : : : : : :

It is never sold in bulk, but in original packages only, which retail at 50 cents per bottle. Physicians wishing to prescribe "Syrup of Figs" may prevent substitutes by having their patients note the name of the California Fig Syrup Co. on the package.

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A valuable Renal Alternative and Anti-Lithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.

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THE CANADIAN MEDICAL REVIEW.

THE hands should be kept habitually clean. It is an extremely bad habit to "puddle in pus" perpetually. Of course, one cannot always avoid touching pus, but one can easily dress suppurating wounds or open small abscesses without getting infectious matter upon the fingers.—*Ochsner*.

THE Convalescent Home, on Wells' Hill, Toronto, is most delightfully situated on the brow of the hill overlooking the city. The pure, fresh air and absence of city smoke and noise make it an ideal place of rest and refreshment to patients recovering from illness. The rooms are bright and airy, and the wide sunny verandahs on the south and west give ample opportunity for exercise without fatigue. The Home is within easy walking distance of the terminus of the Bathurst Street cars, directly north of the C.P.R. track. We cordially commend this worthy institution to the profession.

"To 'respect the burden' and to step aside for it; that's a lesson worth a doctor's learning. To step aside from his roads of dogmatism and pride and theory and prejudice and comfort because one who is sorely burdened meets him there. From the road of dogmatism. Respect the awful burden of pain before him and step aside from theory and just plain do—do anything decent and honest in the way of medicine and adjuvants, until that burden has passed by? Which will he do? Well, that will depend upon whether he was born a man or a mule. From the road of comfort. He may know precious well that that call from Mrs. Youngwife, which jerks him out of bed on a zero midnight, is a false alarm; he saw her at six o'clock! But does he any the less turn out for that and give the reassurance that's more fatherly than professional, at the last analysis, to the poor little soul, bending under the burden of new responsibility and near peril and pain? Not he! Or else it's a pity his mother ever 'borned' him! Is he dealing with that bitterest of all burdens—mental alienation? Does he know what it means to respect that burden? Does he appeal always to that in the patient which is *sane*, which, groping in hag-haunted darkness, yet gropes toward the light, treating that something with the sensitive and gentle respect which none so keenly appreciate as those conscious that their outward situation and seeming no longer command that respect? Unless he so respects that burden, it's to be hoped his next incarnation will take the form of incarceration, and that his bars will hold! What's the matter, James?"—*Selected*.

WYETH'S LIQUID MALT EXTRACT

Contains all the nutritive virtues of the best Malt Liquors, while it is free from the stimulating effect which invariably follows their administration.

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Asso. Prof. of Medicine,
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To the Medical Profession:

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
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- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

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- 1st. Unique harmony of ingredients suitable to the requirements of diseased blood.
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- 4th. Its harmlessness under prolonged use.
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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitalia receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

THE CANADIAN MEDICAL REVIEW.

TO STEM the over-crowded condition of the profession in Germany, it is proposed to add a sixth year to the medical students' curriculum. This is to be spent in practice in hospitals or specially recognized clinics.—*The Medical Fortnightly*.

CLASS IN DERMATOLOGY.—Dr. Duncan, Professor of Dermatology in the Woman's Medical College, St. Louis (*American Journal of Surgery and Gynecology*), asked his senior class the name of the first layer of the skin. One young lady answered in a clear voice, and to the consternation of the other members of the class, "the foreskin."

FORTUNES OF BRITISH PHYSICIANS.—The *Practitioner* records the following amounts devised by doctors in England who have died during the year 1896: Dr. Patrick Fraser, \$2,100,000; Sir John Erichsen, \$450,000; Sir George Humphrey, \$400,000; Dr. Samuel Holdsworth, \$265,000; Dr. William Statten, \$200,000; Dr. George Harley and Sir William Moore, each \$125,000; Sir George Johnson and Sir Russell Reynolds, each about \$60,000. The comment is made by the same authority that these fortunes were not made so much by the accumulation of fees as by judicious investments.—*Medical News*.

FOR DOCTORS ONLY.—Messrs. G. A. Spalding & Bros., New York, Chicago, Philadelphia and Washington, are advertising extensively in the medical publications the Christy anatomical saddle. The Christy is the pioneer in the anatomical saddle line, and Messrs. Spalding firmly believe they have without question the best bicycle saddle on the market. In order to get from the medical profession their ideas on the Christy saddle, that the same may be advertised extensively, make the following offer: They would like to receive from physicians an advertisement setting forth the good points of the Christy saddle, showing the pelvis bones on the two saddles as used in all Spalding advertisements, and not to occupy a space of more than a half page, magazine size; the competition to close April 15th. First prize, \$50 in cash; second prize, \$25 in cash; third prize, \$10 in cash. For every individual advertisement accepted and used one Christy saddle will be sent to the physician submitting the same. All communications and copies of advertisements submitted must be sent to the American Sports Advertising Agency, at 241 Broadway, New York City, and at the sender's risk. Under no circumstances will advertisement be returned.

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THE CANADIAN MEDICAL REVIEW.

CLEANLINESS IN CATARRH.—Dr. Edwin Pynchon, in an article in the *Annals of Ophthalmology and Otology*, calls attention to the widely varying formulæ of Dobell's Solution given by different authors, and incidentally mentions what is a really practical question in the treatment of naso-pharyngeal catarrh. Numerous preparations are widely advertised as adapted for cleansing purposes in the nasal cavity, and are possibly of real merit, but the price asked for the product is so exorbitant that to people of moderate means the expense is a serious factor, while to the poor, it is beyond their purse, and in each case, after the prescription has, perhaps, been filled once, they cease its use, and go back to the home remedy of salt-and-water, of varying strength and usually with disastrous results. The Seiler's tablets made by different manufacturers also vary in strength and composition, and our experience has taught us that several of those on the market cannot be used without causing great smarting, and even pain. The fluid used in cleansing the nasal cavities in both atrophic and hypertrophic rhinitis, should be of about the specific gravity of the serum of the blood, and this is acquired in the solution advised by Dr. Pynchon, which is as follows :

R Sodæ bicarb.....	2	ounces.
Sodæ biborat	2	ounces.
Listerine (Lambert's).....	8	ounces.
Glycerine.....	1 ½	pints.

One ounce of this formula added to a pint of water yields a bland and pleasant alkaline solution with a specific gravity of 1.015. The addition of the listerine takes the place of the carbolic acid in the original formula, and is a decided advantage, as it imparts a pleasant taste, and is quite as efficacious as the acid. The common use of listerine and water should be superseded by the addition of the alkaline solution given, and in the preparation thus made, we have all the advantages of any cleansing agent, and it can be furnished at a price commensurate with all pockets.—*Atlantic Med. Weekly*.

WE have boiled the hydrant water,
 We have sterilized the milk ;
 We have strained the prowling microbe
 Through the finest kind of silk ;
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 Every patent health device,
 And at last the doctor tells us
 That we've got to boil the ice.

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Instantly Prepared.
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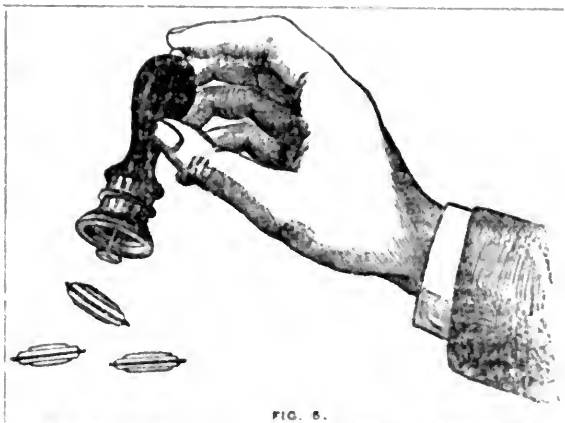


FIG. 5.

S. CHAPIREAU,

14 Rue de la Perle,
PARIS, FRANCE.

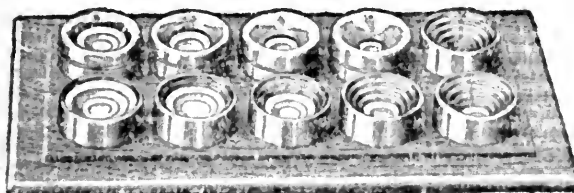


FIG. 1

lots of a small cabinet, upon the underside of the lid of which are fastened 10 nickel-plated moulds (Fig. 1). The lower halves of the cachets are placed in these moulds, and "fillers" (Fig. 2) are slipped over the top to insure the even filling of the cachet. Graduated compressors (Fig. 3) are then applied to force the powder into the cachet.



FIG. 4

Holders (Fig. 4) are used to pick up the upper part of the cachet, and for moistening and joining to the lower half. An automatic handle (Fig. 5) is used for handling the holders and ejecting the filled cachet. Fig. 6 is a water cup used for moistening the edges of the cachets.



FIG. 2.



FIG. 6



FIG. 3

Prices for Cachets "S. Chapireau."

No. 0



No. 1



No. 2



No. 2 bis Same size as No. 2, but a trifle deeper.

No. 3



No. 0. \$1.25 per box of one thousand wafers or cachets (500 complete).
No. 1. 1.25 per box of one thousand wafers or cachets (500 complete).
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Cacheteuse, No. 1, \$10.50; No. 2, \$7.00; No. 3, \$5.00.

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APRIL, 1897.

No. 4.

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Canadian Medical Review

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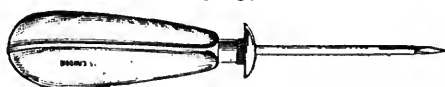
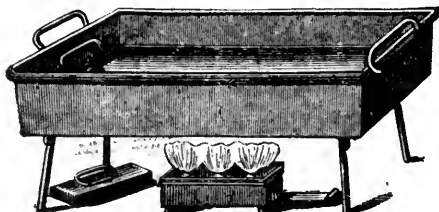
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VOL. V.

TORONTO, APRIL, 1897.

No. 4

Original Communications.

Croup or Diphtheria—Which? *

By DR. F. OAKLEY, M.D., Toronto.

I WAS called in to see E. W., a boy three years old, and one of a numerous family. This child suffered from attacks of croup and what their doctor called inflammatory bronchitis. He was seized with what they thought the usual trouble on Thursday, and I saw him on Saturday evening. Temperature, 102°; pulse, 130; considerable dyspnoea coming on in paroxysms; only slight indications of cyanosis; dry rales in the larger bronchi over the anterior portion of the upper lobes; cough slight, but somewhat brassy; voice, whispering. On examining the throat I found slight redness, no swelling and no sign of false membrane on the fauces, or as far down the larynx as I could see. There was no swelling of the cervical glands.

I administered, in divided doses, *ss. vin. ipecac.*, which produced slight emesis of purulent phlegm. Ordered an expectorant and

* Read at meeting of Toronto Medical Society.

frequent small doses of calomel, and directed the patient to be put under a steam tent.

On Sunday morning I saw the patient again, and found him much worse. He stubbornly refused to remain under the tent. The dyspnoea had greatly increased; the cough about the same; cyanosis was very marked, and the heart failing. I again examined the throat and still found no exudation on fauces or tonsils, and no sign of exudation in the larynx. Recommended intubation or tracheotomy, but paterfamilias very decidedly objected. The child died on Sunday night. I reported the cause of death to be croup. Although no precautions have been used, none of the members of the family have had any symptoms of diphtheria although nearly four weeks have elapsed since the death of this child.

Now, this case is an example of a class of cases which occurs in the practice of every physician. Some call them membranous croup; some diphtheritic croup (whatever that means); and some call all these cases diphtheria. The sole object of this short paper is to elicit discussion, and find out the opinion of the society on this vexed question.

A microscopic examination is regarded by most as the diagnostic test. If it were not for the theory now prevalent of the presence of a specific bacillus in all these cases, authority would still maintain the existence of true croup. A microscopic examination, however, is not possible in the country. Even in the city it is not always available in time to establish a diagnosis, even if it were infallible.

Professor Shuttleworth, who, by the by, holds that all these cases are diphtheria, showed me a few days ago a record of a case—a very severe one—where the first swabs from the throat revealed only staphylococci and streptococci, but no Klebs-Löffler bacilli, and it was only when the patient was made to cough forcibly, while the swab was held in situ, that the specific bacilli of diphtheria were found.

In regard to the contagiousness of pseudo-membranous affections of the larynx, I am strongly inclined to think that it is overestimated. How frequently in private practice do we find just a single case in a family! My own experience of twenty-four years in country practice, during which I must have had one hundred cases of what I diagnosed as membranous croup, is that so far as my recollection goes I cannot recall a single case which I could attribute to contagion, or from which contagion spread. Practically, they were sporadic and generally prevailed in winter and spring, and in certain localities, nearly always in children (I never met a case in an adult), and these cases do not

usually extend upwards or downwards. A physician who occupies a prominent position in one of our city institutions, and who practised upwards of twenty years in the country, assures me that his experience corresponds with mine.

Now, although my experience inclines me to believe that there are two distinct pseudo-membranous affections of the larynx, I am open to conviction. There should be no hard and fast creeds in medicine. In the present state of our knowledge I think we are safe in assuming that (1) some of these cases are croup, and some of them diphtheria; (2) that there is little or no difference in their contagiousness, *i.e.*, even the diphtheritic cases, if at all, are not very contagious, unless by actual contact of the *materies morbi*; (3) to differentiate the two forms is exceedingly difficult, and in some cases impossible ("Osler," p. 108); (4) both forms are equally fatal; (5) so long as opinion is divided, and the profession are allowed freedom of thought, the law should not inflict penalties even in cases where a mistaken diagnosis has been made.

We are all expected to be infallible in regard to the diagnosis of diphtheria, although we are allowed to err in our diagnosis of other diseases. Two eminent lawyers will give diametrically opposite opinions regarding a question, yet neither law nor public opinion hold them responsible.

Let some authority such as our Provincial Board of Health—like the great theological councils of old—decree that all cases of pseudo-membrane of the larynx be regarded as diphtheria. The doctor will then know what to do without stultifying himself. He can then say to his patients, all these cases are diphtheria in the eyes of the law, and we have no option but to obey.

To say the least, an arrangement of this kind would establish a sort of *modus vivendi*, and enable us to gain time until thorough scientific investigation has given us the true solution of the problem.

Selected Article.

The Use of Antitoxin in the Treatment of Diphtheria.

By GEORGE DUFFIELD, M.D.

Attending Physician at Harper Hospital and Professor of Clinical Medicine in the Detroit College of Medicine, Detroit, Mich.

THE fear and misgiving which attended the administration of the anti-diphtheritic serum at the outset is no longer justified. From every part of the world come numerous clinical reports attesting the value of the new treatment. Its untoward symptoms have been promptly and carefully studied, so that with proper care it is a safe and efficient remedy for the treatment of diphtheria.

In September, 1894, I treated my first case of diphtheria with anti-diphtheritic serum, a bottle of which I had obtained from Aronson's laboratory in Berlin. The case had been a severe one; the serum was used after secondary infection had developed and the case seemed hopeless. The membrane had extended where it would and could not be checked. The temperature stood at 103° and pulse at 120.

The serum was injected with all due precaution. The temperature continued to rise for several hours, showing that diphtheritic intoxication was not materially checked, but about six hours after the injection the fever began to fall; in twenty-four hours after the injection the temperature stood at 98.5° , the membrane had grown white and the edges were loosening, and by thirty-six hours after the injection all of the membrane had been expectorated. The disease was not only controlled, but enough anti-diphtheritic serum had been introduced to counteract the toxic effects of the existing diphtheria, and the result seemed almost miraculous.

Since then, my faith in this new therapeutic agent has increased greatly. In the fall of 1895 I had from thirty-six to forty cases, and during the last three months of 1896, eighty cases were treated with only two deaths.

It should be the duty of every practitioner to place the antitoxin at the head of all therapeutic measures that he may know of for the cure of diphtheria, for it proves its efficacy whenever it is administered early, and in sufficient quantities to neutralize the poison which it is to antagonize.

An early diagnosis can not always be made from the clinical

symptoms; frequently a tonsil may be covered with spots like a follicular tonsillitis, and one of the spots be true diphtheria and the case treated for an ordinary tonsillitis, when in reality a true case of diphtheria is developing in a medium that will prove a regular hot-bed for the development of the Klebs-Loeffler bacilli.

All cases suffering from sore throat should receive the benefit of the doubt as to whether the case be one of simple or diphtheritic sore throat by a bacteriologic examination, and the earlier such an examination is made the greater the chance of saving our patient.

Our Detroit Board of Health has furnished test tubes for the making of cultures from suspected sore throats, and I believe that if they were used more often, the epidemics in our city would be reduced.

The dose to be administered at first is a question of importance. I think it is best to overdose at first, than to give a lesser curative serum. The bulk is the same, whether 500, 1,000, 1,500 or 2,000 units are used, and as the inserting of the needle is always painful, it is better to give a full dose early, rather than to have to repeat the injection.

The amount to be used depends upon the length of time the patient has been sick, the extent over which the membrane has spread and the thickness of the membrane.

As to the antitoxin to use, having tried five or six different makes in the past two years, I have found that which has been manufactured by Parke, Davis & Co. most efficacious. Apart from the potency of this brand, I must commend the ingenious manner in which it is marketed, viz., in hermetically sealed glass bulbs, which exclude the air and keep the serum strictly aseptic.

From the charts I exhibit, you will see that when a dose was given of sufficient strength, the action on the toxin producing the constitutional symptoms, namely, fever, high pulse and great prostration, was prompt and effective; the fever being reduced rapidly. Laryngeal cases recovered slowly, but showed marked improvement after each injection.

Strange as it may seem, the serum varies in strength, different manufacturers furnishing the same number of units in various bulks, and many brands containing a less number of curative units than claimed.* Such brands are to be avoided. The most concentrated serum is, I think, the best to use, as there are rarely any bad results from its injection. It has been noted in several cases that an erythema or urticaria develops around the point of injection. None of the severe symptoms as noted by some have been noticed by me, though several hundred injections have been given under my

direction. Several have had rheumatic pains, but no other symptoms showed themselves, not even an abscess, and their absence was probably due to the great care used in the manufacture of the serum administered.

During the past year there have been one hundred and eleven cases of diphtheria in Harper Hospital, five of which died. Three of these entered moribund, and one man had been sick six days before entering the hospital and the action of the toxins upon his heart centres was so great that he died from heart failure, the result of the diphtheritic poison. Some cases where large doses of antitoxin were used close together showed sub-normal temperature for several days. There have been six tracheotomies and twelve intubations. There have been many laryngeal cases that were treated successfully with merely antitoxin and inhalations. The youngest case was a child of five weeks, bottle-fed. During the months of October, November and December there were over seventy cases in the hospital under my care, and six in private practice.

The nurses who were on duty were at first immunized with 250 units, later with 500 units, and still later with 1,000 units, as the prophylactic effect was better. The nurses were constantly, except when off duty, exposed in an atmosphere saturated with diphtheria. Two nurses took the disease after having been immunized, and one took diphtheria after nursing a man who started with a "follicular tonsillitis," but which later turned to a true diphtheria. All the nurses recovered. When the disease was taken by those who had been immunized the attacks were mild.

Too much praise can not be given to the corps of nurses who cared for the patients day and night, with promptness, cheerfulness and efficient vigilance. Had it not been for their splendid work, many of the patients would have succumbed to the disease.

In all the hospital cases the patients had been sick from two to three days before entering, hence it was necessary to use the strongest antitoxin serum early and repeat the dose in six, twelve or twenty-four hours, if the growth of the membrane was not checked or stenosis promptly relieved.

We have several standing orders that patients receive as soon as they reach the hospital, for we believe in using some medicines that proved useful before the discovery of the antitoxin.

An examination of throat is made to see the extent and location of the membrane.

1. A hypodermic of antitoxin 1,500 or 1,000 units.
2. A liberal dose of calomel if tongue was coated and bowels constipated.

3. An ice collar, worn until all glandular enlargement disappears.
4. A gargle every two hours of

Hydrogen peroxide	2 parts.
Euthymol	2 parts.
Lime water	4 parts.

5. Membrane to be touched for ten or fifteen seconds with Loeffler solution, ever three hours. This is composed of :

Menthol	10 gm.
Toluene, q. s. ad.....	36 c.c.
Creolin	2 c.c.
Iron chloride sol.....	4 c.c.
Alcohol, q. s. ad.....	100 c.c.

This dissolves the membrane and destroys the Loeffler bacilli in situ.

Should the patient be needing a stimulant, the calomel was omitted and whiskey or strychnine administered. Other symptoms were met by appropriate means as soon as they arose.

Cases of laryngeal diphtheria were treated with steam inhalations after being injected. Children with pneumonia complicating diphtheria were put in the oil silk jackets and kept in an atmosphere of comp. ti. benzoin and other non-irritant inhalations.

The frequency of dose of the antitoxin depends upon the spreading of the membrane and the condition of the temperature.

How soon is a patient to be discharged as cured? I have had a culture taken from throats each day for three or four days until all Klebs-Loeffler bacilli disappear before I pronounce the cases well enough to mingle with others, for it has been known that the Klebs-Loeffler bacilli may be carried in the throat of a person without danger to himself, and yet be the source of great danger to others.

As a rule the cultures taken after all membrane has disappeared from diphtheritic throats prove negative after three or four days.

Just how dangerous the diphtheritic bacilli are after the use of the antitoxin, remains for the bacteriologist to determine. Where antitoxin has not been used, I have known reinfection to occur ten or fourteen days after primary attack.

Diphtheritic paralysis developed only slightly in two cases, but more severely in another case where all the vital centres had suffered from previous disease. Albuminuria was noted in a few cases, but as the disease predisposes to renal disease the antitoxin could not be held responsible; all these cases cleared up as soon as the poison was neutralized. No secondary infections occurred after the disease was once under control.—*Journal of the American Medical Association, March 6, 1897.*

Society Reports.

Toronto Clinical Society.

THE regular meeting of the Society was held in St. George's Hall on the 10th of March. President, Dr. Allen Baines, occupied the chair. Fellows present: Drs. Strange, W. H. B. Aikins, W. Britton, J. A. Temple, J. E. Graham, B. Spencer, Trow, A. A. Macdonald, A. H. Wright, Fenton, Anderson, Johnson, Primrose, Peters, Oldright, J. O. Orr, Cameron, Davison, O'Reilly, Bingham, Boyd, Fotheringham, McDonagh, Baines and Brown.

Bullet Wound of Thorax.—Dr. A. Primrose presented a patient who had accidentally shot himself eight weeks ago with a revolver of 32 calibre, the bullet entering the chest one inch from the middle line over the sixth cartilage. His physician put him under chloroform and probed for the bullet, but was unable to find it. He thought it was lodged in the liver. With the X-rays the bullet could be seen between the shadow of the heart and that of the liver, when the patient took a deep inspiration. By getting the tip of the finger, the bullet, and the sharp end of a pair of shears in a line while the shadowgraph was taken from the antero-posterior direction, and resorting to the same device while the shadow was taken from side to side, it was discovered that the bullet was about three-quarters of an inch to the right of the point of entrance and about five-eighths of an inch from the surface. The shadow of the liver, and also of the heart with its pulsations, could be distinctly seen.

Dr. J. E. Graham said that he had seen it reported that in a similar examination with the rays it had been noted that the heart moved up and down with the respiratory movements. It had also been stated that if the patient were exposed too long to the rays the circulation would be affected.

Dr. Primrose said that with the liver moving up and down during respiration the heart must surely do so too.

Dr. Grasett said that he had seen a similar case to the one reported, and had referred the patient to Dr. Walker, who took a skiagraph, but no bullet was made out. The patient suffered from no symptoms.

Dr. Primrose suggested that the bullet might have been in the shadow of the liver.

Dr. Oldright asked if the lungs made a shadow.

Dr. Primrose replied that one could see through the lungs perfectly. He thought it would be difficult to get a shadowgraph in the case presented because the bullet could not be made out during expiration.

Poisoning by Illuminating Gas.—Dr. J. E. Graham read a paper on this subject. He gave the histories of two cases. They were of two sisters who had retired at 11 p.m., and were found the next morning at 8.30 in an unconscious condition. The patients were removed to a pure atmosphere and artificial respiration commenced, strychnia given hypodermically, and brandy per rectum. The pulse of the elder was weak, a strong odor of gas came from the lungs, and the breathing was stertorous at times. There were erythematous patches on the face. The urine and the feces were discharged involuntarily. A severe pain would cause the limbs to move. The temperature before death rose to 105°, the respirations to 80, the pulse to 150. The disintegration of the corpuscles may have accounted for the high temperature. In the second patient the condition appeared to be much the same, but she suffered from nausea and vomited freely. A pinch would produce tonic spasms of the arms. The pupils were contracted. The patient lay unconscious for seventy-nine hours. The urine was drawn off by catheter for four days, then micturition, as well as defecation, was involuntary, but afterwards both were normally performed. The highest temperature was 103°. As the patient grew stronger she became irritable and nervous, and asked foolish questions. There was a certain amount of aphasia. A saline solution was given per rectum which increased the elimination from the kidneys. Patient grew worse if this part of the treatment were omitted. Nitroglycerine was administered the first week. The brandy which was also given caused stertor. The skin was sponged with salt water. The doctor said that illuminating gas was much more poisonous than formerly. The proportion of carbon monoxide formerly was 5 to 10 per cent., now it formed about from 20 to 30 per cent., according to analyses made in Boston recently. The effects of carbon monoxide on the blood were still under discussion. It formed a compound with the hemoglobin in the blood corpuscles, displacing the oxygen, so that the corpuscles could no longer perform their functions as oxygen carriers. If a patient were exposed for a long time to a small amount of gas the symptoms were worse than in those cases where the exposure had been shorter to a large amount. The symptoms in cases of slow poisoning were then described. Secondary conditions produced were bronchitis, hemoptysis, headache,

paralysis, hyperæsthesia, anæsthesia, herpes, pemphigus, gangrene, etc. One authority had pointed out that there was increased permeability of the capillaries; this might explain the occurrence of some of the nervous phenomena.

Dr. Graham said that reports of post mortems are not as exhaustive as one might wish. He detailed those signs usually found. After discussing the prognosis the doctor described the management of such cases fully. A review of such cases brought up an important question in medical jurisprudence. It was doubtful if corporations had a right for purposes of economy to supply to dwellings such a poisonous gas as water gas is known to be. Statistics had shown that the number of deaths by suicide and accident had increased three or four-fold since the introduction of water gas as an illuminant.

Dr. Oldright said that this was a question in which the Fellows were each personally interested. He called attention to the large number of cases of deaths from gas poisoning. The less virulent character of coal gas than water gas had been shown by experiment with animals. He suggested that the inspectors of gas meters might inspect gas fixtures as well. This would save many accidents. The habit of shutting the gas off at the main for purposes of economy or safety was fraught with danger, because next morning when turned on again it might escape from a tap which had been left open the night before. Certain preventive measures were referred to by the speaker, such as the use of automatic burners, the opening of the fan-light, etc. After referring to the pathological condition of the blood, the speaker said that the most fatal form of gas poisoning arose from a combination of carbon monoxide and carbon dioxide, according to Scott of Glasgow. The same authority reported cases of insanity and imbecility as sequelæ to gas poisoning. The speaker described an experiment for ascertaining the percentage of carbon monoxide in the blood. It was held by some that the administration of oxygen under pressure tended to the separation of the hæmoglobin and the monoxide. Alcohol was not beneficial in these cases according to some authorities, but positively injurious. Transfusion of blood was said to be of more service than saline solutions; the latter did not improve the quality of the corpuscles. He had noted that recovery followed in cases where patients were exposed to a large amount of gas for a short time more readily than where they had been exposed to a small amount for a long time.

Dr. Cassidy said that he had found upon inquiry that the gas used in the city of Toronto contained only about twelve per cent. of carbon monoxide.

Dr. J. L. Davison asked if it was not better to use defibrinated blood than the salt solution with the hope of replacing the disintegrated corpuscles, to lead to the carrying on of normal oxidation.

Dr. A. J. Johnson described the post mortem changes found in these cases. The main features were the same as those in other cases of asphyxia. The color of the ecchymotic patches in these cases was somewhat distinctive. A patient might be poisoned in a room while the gas was still burning in one jet, though escaping from another, showing that it would kill, although not large enough in amount to be inflammable. Dr. Johnson gave the history of some cases.

Dr. Cassidy stated that air charged with from $\frac{1}{2}$ to 1 per cent. of the monoxide was fatal. In one case recorded it was estimated that the percentage was only .44.

Dr. Primrose said he thought that the saline injections were more efficacious than the blood, because the disorganized corpuscles would not be able to utilize the blood injected.

Dr. Cameron pointed out that the normal salt solution had no power of carrying oxygen, although it might maintain the tension of the circulation until the nutritive processes came into action so that sufficient pabulum was formed in the system from which the hæmoglobin could be obtained. To carry oxygen, hæmoglobin was necessary, and he was of opinion that the injected blood would supply the hæmoglobin to take up the oxygen given. A rational procedure would be, inasmuch as the monoxide formed such a suitable compound with the hæmoglobin, to deplete the venous system and introduce new blood from without. He, however, had never seen any experiment in the human animal.

Dr. Peters said it seemed to him desirable in such cases to get the oxygen into the blood in some way, either by forcing in air or oxygen. In order that the patient be alive it was necessary that there be some hæmoglobin in the system. There was no doubt that if the patient recover the carbon monoxide must disappear. It was not definitely known how the hæmoglobin formed in the system. It was probable that the injections of salines, by washing out the tissues, induced protoplasmic changes, which were followed by the formation of corpuscles containing hæmoglobin. Oxygen forced into the system was a most important procedure.

Dr. Spencer asked if the effects of the carbon monoxide were less injurious to younger than to older persons. It seemed to be so in the cases reported. He had been called in attendance on a man, wife and baby who had been poisoned. The father and mother were both insensible, but by hard work were saved. The child was little affected.

and was playing about in the morning. His conclusion was that the metabolism was much more rapid in the child, that the hæmoglobin formed more quickly, and so the child was more able to withstand the action of the gas.

Dr. Anderson said that the younger woman of the two cases reported was the weaker, according to the history. Probably she suffered less because she respired less deeply.

Dr. Graham said that he preferred oxygen to ordinary air in the treatment by forced inspiration. It had proved immediately beneficial in the two cases. Improvement was immediately noted on the pulse. In this way the hæmoglobin which has been injured by the carbon monoxide is more thoroughly oxygenated, the nerve centres are better nourished, and secretion and elimination take place in a more direct manner. By bleeding the patient much more poison is gotten rid of than in any other way. He did not think that the transfusion of blood was of any special advantage, because in ordinary conditions the blood corpuscles of the transfused blood became disintegrated.

Artificial Respiration.—Dr. Charles O'Reilly read a paper on this subject. He also presented the Fell apparatus for doing forced respiration, and also one of his own devising. He said failure of breathing of a non-obstructive character arose from various causes, such as an overdose of anæsthetic, affections of the lungs and bronchial tubes, syncope from anæmia or heart failure, an overdose of morphine, chloral, gas, and suffocation from drowning. Dr. O'Reilly reviewed the methods proposed by Sylvester, Howard, Hall and others. In certain cases where there was rigidity of the chest or of its walls, forced respiration was probably the best procedure to adopt. This procedure had been recommended at various times by such men as John Hunter, Simpson, Richardson and others. But of late, Fell, of Buffalo, had been its chief exponent. His apparatus as offered to the profession was too expensive. It, however, could be readily improvised by the physician. The doctor then showed one he had made. He said he had not yet had the opportunity of using it. The apparatus consists of a pair of hand-bellows, a long rubber tube in which a valve is placed which is opened when expiration takes place. To the oral end of the tube is attached a mouth-piece, which fits tightly over the face. In cases where it was necessary to do tracheotomy, a special tube was used for insertion into the trachea. Dr. O'Reilly's own device was a most ingenious one. It consisted of a garden hose tube. One end was attached to the perforated top of a tin pail, which contained lime water through which the inspired air was drawn. One coil was then made in a pail of warm water to warm the air as it passed

through. The tube then proceeded to the bellows, and from the bellows a tube led to the mouth-piece.

Dr. Oldright presented a jar he used for the administration of oxygen, which was of use when a bag was not available.

On motion of Dr. Primrose, seconded by Dr. Wright, the nomination of officers was deferred until the next meeting.

A paper to be presented by Drs. J. A. Temple and Fenton was laid over until the next meeting.

Toronto Medical Society.

THE regular meeting of the Society was held on the 18th of March in the Council building. President, Dr. W. J. Wilson in the chair.

Brasement Force.—Dr. William Oldright reported a case (and presented the patient) of brasement forcè for an ankylosed ankle, where the foot after fracture of the lower end of the tibia had assumed a position of over-extension and eversion. A tenotomy of the tendo Achillis was done and then the foot was restored to its proper position and held there. The improvement had been more than he had anticipated, although the movement in the joint was limited.

Dr. B. E. McKenzie said that it was about as late as 1888 before dividing of tendons and immediate rectification of deformities was done in New York. In the case reported there would be improvement in the mobility of the ankle as time went on.

Diagnosis of Flat-Foot.—Dr. H. P. H. Galloway read a paper on the diagnosis of flat-foot. He said that this term had been applied to a number of mal-positions of the foot. It was often accompanied by a great deal of inconvenience and suffering. Its diagnosis was extremely easy but often overlooked. The treatment nearly always afforded relief. A correct diagnosis was important. By a comparison with the hand and forearm the essayist pointed out how pronation of the foot brought the inner malleolus and the astragalus nearer the ground and raised the outer side of the foot. This was the first element of the deformity in flat foot. The second thing noted was the valgus. This was an outward deflection of the anterior portion of the foot, the movement taking place at the medio tarsal joint. The third element was the depression of the arch. One, two or three of these elements might be present in any given case. The first symptom referred to by the doctor was pain, which might be complained of on the dorsum of the foot, the outer side of the ankle, or running

up the leg to the thigh. The pain might not be proportionate to the amount of deformity. The second symptom was tenderness. This might be noted on the inner side of the foot a little below and in front of the inner malleolus; on the dorsum in front of the ankle, in the centre of the heel and at the bases of the first and fifth metatarsal bones and about the external malleolus. The third symptom was limitation of motion caused by adhesions or reflex muscular spasm. This rigidity made walking fatiguing. The fourth symptom was loss of elasticity. This made the patient walk ungracefully; the non-extension of the knees, the inclination of the body forward and the drooping of the shoulders were the phenomena noticeable. The feet would become hot and flushed, or cold and clammy and would swell if the patient was on his feet much. An examination of the shoes would be interesting in helping to make a diagnosis. An outline of the oiled foot might be made on brown paper. The differential diagnosis between this condition and rheumatism, osteitis, contracted foot and deformity the result of central nerve lesions was pointed out.

Dr. Oakley discussed the paper.

Dr. B. E. McKenzie said that these cases were often considered to be cases of tuberculosis of the small bones of the foot. Contracted foot was more often due to a lesion in the cord than to other conditions. He had had cases which at first seemed to be cases of flat-foot but which now seemed to possess the appearance of claw-foot.

Dr. Clarence Starr said that a careful examination of the foot was usually sufficient to establish a diagnosis. Most cases of failure to diagnose the condition were due to the fact that the feet were not examined.

Dr. Greig agreed that most mistakes were made through non-examination of the feet. He drew attention to the symptom of reflected pain which resembled that of sciatica. His practice was where patients came complaining of such pains to examine the feet.

Dr. Cameron said he believed that cases of flat-foot and contracted foot were due to gout. The diagnosis between the two conditions was easy. Tarsalgia of adolescence was a disease to consider in making the diagnosis of flat-foot.

Appendicitis.—Dr. Langstaff presented an appendix which he had removed, assisted by Dr. W. J. Wilson. The patient had had ten attacks. The first came soon after an attack of typhoid fever. Operation was done in the interval. The patient was doing well. There were a number of points of interest in the case. Did the typhoid have anything to do with the appendicitis? or with the large

number of attacks, the first of which was brought on by exercise? The appendix did not touch the psoas or the iliacus. There were a large number of adhesions. There was no pain after the operation. This he attributed to the fact that the structures were separated rather than divided by cutting. The pulse and the temperature following the operation were sub-normal.

Dr. Wilson said that there was a kink in the appendix. This accounted probably for some of the symptoms.

Dr. Ross said that many cases of appendicitis were treated as typhoid fever. Sub-normal temperature often followed operations involving handling the intestines.

Volvulus ; Operation ; Recovery.—Dr. J. E. W. Ross reported two cases in practice. The first was Volvulus ; Operation ; Recovery. Mr. G. First had an attack of abdominal pain and obstruction of the bowels. Was attended at the time by Dr. A. R. Gordon. Dr. Gordon tells me that at this time he considered the case was one of volvulus but the difficulty was overcome by enemas. Bowel was evidently straightened out and the patient made a good recovery. Four or five years after this patient was working on Friday and lifted some boxes. He felt some pain in the abdomen and was unable after this to get any movement of the bowels. On Saturday the pain continued and his wife endeavored to give him an enema but the fluid returned. It was impossible to get the bowel filled with fluid. On Sunday the pain became intense and Dr. Webster was sent for. He saw the patient at 9 p.m. and endeavored to give him an enema. After using a tube about a foot and a half long two quarts were retained in the bowel. This fluid evidently went up beyond the twist and remained there. On Monday the patient was found with the abdomen distended, the pain continuing, and distinct evidence of attempted peristaltic action of the intestine down to a certain point. Some blood and mucus was passed per anum. The patient was taken to the Western Hospital, and I saw him on Monday morning in consultation with Drs. Webster and Carveth. At this time the abdomen was considerably distended. The patient's face looked pinched and anxious. His pulse was 90, temperature 98 $\frac{1}{2}$. A distinct coil of distended intestine could be seen lying in the abdomen with its two ends approximated in the neighborhood of the left iliac region. It was evidently very fully distended with gas. I advised immediate operation. As soon as the patient could be satisfactorily prepared operation was performed. The abdomen was opened in the median line and immediately a large coil of distended intestine popped out and stood up like so much erectile tissue. Its apex was about from

ten to twelve inches above the surface of the abdomen. It was quite evident that this was volvulus of the omega flexure of the colon. Two half twists, or one complete twist, from right to left loosened the constriction so that a long stomach tube could be passed up into the distended bowel from the rectum. This was carried out by the nurse and I manipulated the tip of the stomach tube so as to expel the gas from the distended gut and thus produced flaccidity of its walls. After the intestine was collapsed the mesentery at three or four points along the mesenteric edge of the bowel on its upper and left surface was stitched to the perineum beneath the wound. The longitudinal muscular band on the anterior and left surface of the colon was perforated with two or three stitches at varying distances, and these were fastened to the peritoneum. The material used was fine silk. The abdominal wound was then closed with silkworm-gut sutures and dressed in the usual way. The patient made an uninterrupted recovery. During convalescence a large number of cherry pits that had been lodged in the volvulus passed away in the motions.

Dr. A. R. Gordon said he was called to the patient to treat the first attack. The symptoms were those of obstruction. By a good deal of hard work he succeeded by enemas in relieving the condition.

Dr. F. N. G. Starr pointed out that the sigmoid flexure might be displaced so that it might occupy the opposite iliac fossa. The symptom of movable dullness was an old one.

Very Early Ectopic Gestation ; Collapse : Operation ; Recovery.—

Mrs. S., aged 28 ; one child fifteen months old. Menstruated once after birth of child, then went five weeks, that is up to the time she was taken ill with the symptoms of the rupture. There was no uterine hæmorrhage in the interval nor at the time of the rupture. Patient did her work as usual until between three and four o'clock in the afternoon, when she felt pain in the side. Had no idea there was anything wrong with her up to this time. A frequent desire to pass water came on. She got up to move about and fainted. She then lay down again, and endeavored two or three times to move around, but faintness coming on she was unable to do so. The pain then disappeared, and she felt as if there was not much the matter, except that she was weak. The neighbors, however, became alarmed and advised her to send for the doctor. This was done at 11 p m. Doctor found her suffering from considerable precordial uneasiness. She looked pale, was bathed in cold perspiration and felt extremely weak. She was pulseless at the wrist. The pain in the abdomen had disappeared. I was telephoned to at a quarter to twelve, and arrived at the house at a quarter to one in the morning. I found the patient pulseless,

though the heart was beating about 100 in the minute. As it is frequently expressed, "the bottom had fallen out of the pulse," so that it could not be felt at the wrist. The patient looked blanched, and it only took a few seconds for me to confirm the diagnosis of the attending physician, Dr. Rowan. Urine had been passed before the onset of the symptoms, but none passed since. I have frequently noticed this suppression of the urine in these cases. The abdomen was slightly distended. By percussion, intra-abdominal fluid was diagnosed. The dulness was slightly movable, with change of position, as frequently happens when the abdomen is filled with blood more or less clotted. The patient was lying in bed with her clothes on just as she had fainted in the afternoon. I made a vaginal examination. Could feel no mass on other side of the uterus, but thought I could feel blood-clot break down under the finger when pressing against the downward bulging cul-de-sac of Douglas from the vaginal side. There was no time to be lost. Something must be done at once. After a hurried consultation, the husband agreed that his wife should be immediately moved to the hospital. I offered the use of my cab that was standing at the door. It was decided that the doctor should go to his office and telephone to the hospital authorities that we were bringing the patient up so that time would be saved. He was then to meet us on our way up. A neighbor was roused, the little child was given to her for the night. The patient was carried out by the husband, the cabman and myself, and the key turned in the door. I told the husband before leaving that his wife might possibly die on the way; if this should occur he must not blame me, as this was the only chance to save her life. In a short time we were at the hospital; patient was carried in and prepared for immediate operation. I telephoned to another member of the staff, so that he might be dressing, and sent the cab for him. It was not many minutes before he arrived at the hospital. I had everything ready, so that not a moment would be lost during operation. The anæsthetic, ether, was administered with the greatest of care. As the patient was pulseless at the wrist, it was no easy matter to give it, and as little was used as possible, scarcely more than enough to deaden the pain of the incision through the skin and prevent straining. The patient was so collapsed that she seemed scarcely sensible of pain. With a couple of cuts the peritoneal cavity was entered, blood began to ooze out, fingers were passed down to the left tube, where I thought I felt a slight roughness of the surface. They were then passed to the right tube; nothing could be felt. I was then certain that the rupture was in the left tube. Fingers were passed down to the left tube again, and this was drawn to the surface,

rapidly ligated and removed, together with the ovary. Right side was not interfered with. The blood was washed out by my assistant while I placed the sutures. A drainage tube was placed and the wound closed. I never made my fingers fly quicker. Only a very few minutes until the operation was completed, and the patient was ready for removal from the table. The ether and the hypodermics that had been previously given seemed to stimulate the pulse. Patient was placed back in the ward, and the husband advised to remain all night. Frequent saline injections were given per rectum, hypodermics of digitalis and strychnia and brandy were given every hour. The patient gradually began to mend. Convalescence was somewhat slow, but very satisfactory. She left the hospital in four weeks. The plate shows the left tube and ovary. The left tube has a small perforation near the uterine end. The ectopic gestation was no larger than an ordinary white bean, so that rupture in this case was very early. Water-colored illustrations of the tube were passed around. The tube and the ovary were shown. The perforation was near the uterine end of the tube. The ectopic mass was no larger than an ordinary white bean.

Volvulus ; Collapse.—Dr. Peters reported a case of volvulus with collapse. An opening was made in the lumbar region, and the bowel tapped above the site of the volvulus, with a relief of symptoms, the volvulus becoming untwisted. A year after this another attack came on. An operation was refused except at the old site and in the old manner. Patient again recovered. A year after this a third attack came on. The distension was very great. Operation was advised and consented to, but before it could be performed the patient died. If the volvulus had been undone by operation at the first attack, a permanent recovery might have ensued.

Dr. Webster, who treated the patient during his second attack, described the symptoms and the treatment. He strongly opposed the giving of morphia in such cases.

The Trinity Alumni Association.

THE Trinity Alumni Association met at Trinity University, April 7th, Dr. J. C. Mitchell, Enniskillen, President, in the chair. The forenoon was spent in routine business. The nomination and election of officers resulted as follows :

President, Elias Clouse, Toronto ; Vice-President for Toronto, Dr. Rowan ; for Eastern Ontario, Dr. A. S. Tilley, Bowmanville ; Western Ontario, Dr. Gerald O'Reilly, Guelph ; Secretary, Dr. Harold

Parsons; Treasurer, W. H. Harris, Toronto; Graduates' Representative, Dr. Eadie, Toronto.

A telegram from Seneca D. Powell announced that he was unable to attend the meeting.

The Use of Antitoxin in Diphtheria. Dr. Dillon Brown was unable to be present but sent his paper, which Dr. J. G. Wishart read. It consisted of an analysis of 991 cases. From a therapeutic standpoint, diphtheria presented two distinct diseases—the laryngeal and the pharyngeal variety. The chief danger from the laryngeal form was obstruction; while from the naso-pharyngeal it was poisoning. In the laryngeal form the infection was more often unmixed and more readily yielded to the antitoxin; in fact the serum was almost a specific for it. An analysis of his laryngeal cases for some years back proved this. Under the old, from September, 1885, to September, 1886, he treated 37 cases with 18.9 per cent. recoveries; 1886 to 1887, 65 with 23 per cent.; 1887 to 1888, 89 with 21.4 per cent.; 1888 to 1889, 95 with 32.6 per cent.; 1889 to 1890, 63 with 30.1 per cent.; 1890 to 1891, 63 with 36.5 per cent. Then began calomel sublimation: 1891 to 1892, 117 with 34.1 per cent.; 1892 to 1893, 84 with 38 per cent.; 1893 to 1894, 76 with 38 per cent.; 1894 to 1895, 57 with 43.8 per cent. Then began antitoxin: 1895 to 1896, 30 with 56.6 per cent.; 1896 to April, 1897, 30 with 90 per cent.

Drs. C. Trow, J. G. Wishart, Eadie, Powell, Baines, Clouse, and Fenton discussed the paper.

Lacerations and Erosions of the Virgin Cervix. Dr. J. I. Davison read a paper with the above title. This was a comparatively new subject, but was of considerable medico-legal importance. Recent investigations had shown that this condition was present in certain full-grown fetuses examined. A predisposing cause of the condition was an extension downward of the glandular epithelium of the cervical endometrium beyond its normal limit. One observer has noted ten erosions in twenty eight cervixes examined. Dr. Penrose, who had made a study of this condition, had reported cases in adults. One was of a young woman, aged twenty-five, who menstruated at fourteen. For five years she had suffered from leucorrhœa, back ache, and pain in the left ovarian region. She was most probably virtuous. The cervix was of a mushroom shape; there were erosions of the external os; microscopic examination of a portion showed the os to be covered with squamous epithelium except where the erosions were, and this was cylindrical. Racemose glands were noted all over the cervix in front and behind. A second such case was reported, in which the

evidence went to show that the patient was a virgin. The opening of the hymen would, with difficulty, allow the passage of the little finger.

Drs. Temple, Machell and Miller discussed the paper.

Bone Lesions Following Typhoid Fever.—Dr. Harold Parsons made some remarks on this subject. The doctor gave a *resume* of the work which had been done on this subject, and reported briefly six cases he had observed. It was proven beyond doubt that the bacillus of typhoid would produce suppuration. As a rule the bone lesion set in a considerable time after convalescence, its course was very chronic, and its cure in many cases difficult. The prognosis was good; no improvement had been suggested in the treatment over that offered by Paget, who had made a study of the question twenty years ago, viz.: Incision and removing the affected tissues.

MEDICAL SOCIETIES.—Join the medical societies of your neighborhood; and if none exist, induce your medical brethren to join you in founding one. Organization gives protection both to the profession and to individuals. Society membership is a guarantee of your good standing, and that you pursue legitimate practice. A good medical society is also something of a post-graduate school—"steel whets steel." And, next to actual experience, there is nothing so valuable to the young practitioner as the medical society, for there the collision of mind with mind, and of thought with thought, in amicable discussion awakens reflection and deeper reasoning, increases the intellectual grasp, stimulates the mental digestive power, and liberalizes and enlarges the scope of both speaker and listener, and acts as leaven to the entire profession. Nowhere else can you study so well the individuality and the styles of different physicians, and discover the reasons why each one is where he is, so fully, as at medical meetings. There the specialist, the teacher, the general practitioner and the book-worm all meet, "well armed with mighty arguments," and each in his own way contributes to the instruction and intellectual recreation of the others. . . . Their rivalries, dissensions, jealousies and controversies can be softened, and professional friendships be formed and cemented. There you can find opportunities for pleasant social intercourse with worthy men. . . . Independently of the benefits and improvement accruing to the members of medical societies individually, they give a sound and healthy tone to the entire profession, stimulate the growth of medical science, and also generate and keep alive a genuine professional and brotherly spirit that tends to minimize all that is unprofessional.

CATHELL.

Editorials.

Medical Council.

WE have for publication this month two letters from esteemed correspondents which we reproduce at full length, and are in this case very pleased to do so; but in future we find it necessary, in order to save space for other weighty matters, to pursue a different course. Council matters, distinctly as such, will always command the attention of this journal. But the correspondence must be limited after the May issue to three or four pages to each writer. In June members of the Council will have an opportunity of threshing out their differences on the floor of the Council chamber. We purpose giving a *résumé* of the Council's proceedings, and shall give our readers the benefit of the discussion. We take this opportunity to say, and we believe the past will justify it, that we have taken and are determined to take an absolutely independent course in all matters pertaining to the Medical Council and educational matters in Ontario.

We have received many letters from subscribers cordially endorsing the independent stand taken by this journal, and we can assure our readers that we shall not swerve from that course.

The Victorian Order of Nurses.

A SHORT time ago a mass meeting was held in Toronto, called by the Mayor of the city at the suggestion of Her Excellency the Countess of Aberdeen. The object of the meeting was to establish an order of nurses to be known and designated the "Victorian Order of Nurses."

The intentions are to raise a million dollars—not a large sum, by the way!—and to found an order of nurses that would give their services at very low rates to poor people.

Now, unless sufficient funds can be obtained, the scheme could not be made a success; and unless it is a success we do not wish it at all. The money should be on hand before the order is created. It will be required from year to year to maintain the order and carry on its work. Enthusiasm may die out, and the order of nurses die out because of lack of funds.

Then again, this new arrangement of things may interfere very much with the excellent trained nurses we now have, and who have great

difficulty in finding employment to fill up their time. To start an order of nurses with a flourish of trumpets, and induce a large number of young women to become nurses, may be far from wise or beneficent. These will go into the occupation and meet with little but disappointment afterwards. The fees these nurses are to be paid by the poor patients are small, and so the nurse must be paid some further remuneration. This must come from the general fund, and if there is no general fund why then the nurses must go unpaid. In this way the whole scheme becomes discredited.

Again, one of these Victorian nurses might be located in some remote and poor district, and expected to visit the sick in the neighborhood. This would in practice prove impracticable. The whole affair so far appears to be quite Utopian.

One of the evils that would arise from the establishment of such an order of nurses would be the tendency to still further pauperize the people. It would be another charity to be maintained; and many who could well afford to hire and pay a nurse a proper fee would seek the aid of the Victorian Order.

While we fully appreciate the noble motives of Her Excellency the Countess of Aberdeen, we regard the scheme, as it was outlined at the Pavilion meeting, as one that is unworkable in many details.

The Ontario Medical Association.

THE regular meeting of the Provincial Association will be held in Toronto, June 2nd and 3rd. Already a large number of medical men throughout the Province have signified their intention of being present. A goodly list of papers is expected, quite a number of gentlemen having already consented to appear on the programme. The subjects for the discussions in surgery, medicine and obstetrics are respectively: "The Present Status of the Radical Operation in Hernia," "Serum Therapy in Medicine," and "Albuminuria of Pregnancy."

The membership of the Association now reaches about one thousand. Last year the Association met in Windsor and a large number of men from the western part of the Province united with the Association as a result. But the place of meeting was so remote that few men east of Toronto were in attendance.

This year, it is hoped that the east as well as the west will be well represented. Toronto is certainly the best of all places for the meeting as a rule. It is central, it is the seat of the medical colleges

of which most of the members are alumni, it is a delightful place in which our busy outside men like to take a holiday, and it is a medical and surgical supply centre.

The railways will grant reduced rates, and it is hoped this '97 meeting will be largely attended. The Medical Society spirit is spreading, particularly through Western Ontario. There are, perhaps, a score of local associations meeting quarterly in which much good work is done. An apology for their existence is no longer necessary, a recitation of their value is not needed. It is usually the bright and busy practitioner who attends these societies. There are many good men practising in more or less out-of-the-way places who should come out or be brought out and persuaded to do something for the good of the others, and for themselves. For he who prepares a paper does not only his confreres but himself good. It is exceedingly hard to convince our average Ontario medical man that he can prepare a paper, for he is a very modest man. Consequently the burden falls on the old stand-bys who would gladly give place to the modest practitioner, and who are sometimes criticized by the modest brother for appearing so often on the programmes. We bespeak a general rally in Toronto this year.

BARON LISTER of Lyme Regis in the County of Dorset, is the official title of the new medical peer.

A NEW HOSPITAL FOR LONDON.—The Queen's Jubilee Committee will ask local architects to submit plans for a new \$60,000 hospital.

THE library of the late Dr. Thomas A. Emmett has been purchased by the New York Union Library for \$150,000. It was appraised at \$240,000.

ENDOWING A CHAIR.—At the annual convocation of the medical faculty of McGill University it was announced that Mr. Walter Drake had given \$25,000 towards endowing the chair of physiology.

SIX EVILS IN MEDICINE. Dr. L. E. Grant, in an able article in the *Atlantic Medical Weekly* for 13th February, on the above subject, gives the first place in his list of evils to overcrowding of the profession. He points out that with a doctor to every 500 to 600 people, honest practice has become almost impossible. Competition is so

keen that the practitioner is forced into practice he would not think of were the competition not so great. Even criminal practice may be thought, certainly often, quackery. The remedy for this is partly in the hands of the profession—they should persuade young men and women against the study of medicine; but the great remedy is in the hands of the college men—they should advance the course of study so as to sift out many who are unfit for the profession. Hear ye this, O ye professors.

PROPHYLAXIS OF TUBERCULOSIS.—Dr. N. S. Davis, in *Chicago Medical Recorder* for March, remarks that in many of the large and populous centres, consumption is decreasing. This is due to greater attention to the question of prevention. He calls attention to the danger of careless and unclean habits in the case of a consumptive patient. Sputum should be carefully destroyed. The room of a tuberculous patient should be well ventilated as a means of controlling infection. Tuberculous food and milk are sources of much danger. In cases of children of consumptive family histories, great care should be taken of their physical development to produce full, deep chests. All overcrowding in rooms should be prohibited. No cause acts with greater force than small, badly ventilated rooms. Certain diseases, such as chronic bronchitis, should be treated with great care, as they tend to lay the foundation of consumption.

DEATH RATE IN PUERPERAL FEVER.—Dr. Charles J. Cullingworth, in *British Medical Journal* for March 6, gives a table deduced from the mortality returns of Britain to the effect that the death rate from puerperal fever has not lessened since 1847. Indeed, the table shows that for fifty years the mortality from this disease has remained practically the same, or from 1.5 to 3.3 per 1,000 births. In 1895 the rate was 2 per 1,000 births. The causes for this the writer holds to be twofold: the large number of confinements attended by ignorant midwives, and the lack of thorough asepsis in private practice by physicians. The remedies are apparent. Midwives should be compelled to have a sufficient knowledge of antiseptics and cleanliness as to enable them to prevent the disease, and regular physicians should institute thorough methods of cleanliness and asepsis. The writer holds strongly that it is alarming that there should be so high a death rate from a disease that is preventable.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

A correction—Sources of a plausible debater's power—Effect of a winning manner—Almost persuadedst thou me to be a traitor—Impolicy of forcing disclosures which can only embarrass the Inner Circle—Dr. Williams on stilts—No "passion for writing" except in the "Ontario Medical Journal"—Dishonest controversialists dogged by the Nemesis of exposure—How Dr. Williams came to grief—How his "passion for writing" was nipped in the bud—His purely technical relations to honesty and truthfulness in Council discussions and debates—His heroic bravery and unconcern—Standing to his guns with a persistency that, in a better cause, would merit respect—The word plausibility supplied with additional "shades of meaning"—Dr. Williams challenged to make any specific charge—Why the endorsement of the Inner Circle, in Dr. Williams' sense of the word, would be a calamity to any honest representative—The doctor forgets how he used to wrestle with a bolus of taffy in the far-off days of Sunday Schools and Bible chapters.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—Kindly permit me to explain that, by typographical errors in your last issue, the word Beotian was misprinted, and the word "(sic)," which was designed to come after the word "friend," was misplaced. The type setting and proof-reading of THE REVIEW are usually so exceptionally excellent that it is rare indeed to find even such trifling misprints as these.

Without possessing any special equipment beyond his guileful art, a skilfully plausible man will often prevail with the unwary, where a much abler but more scrupulous advocate would fail. The former is trammelled by no ethical considerations. He aims to win a merely ephemeral confidence, which reaches the requirements of the occasion, and he is in no way particular as to the means by which it is secured. In the pursuit of so laudable an object as this, why should hostile facts be permitted to stand in his way? Why should he hesitate to mould them to his purpose? If customs, and *les contumances* of society, courtesy to a great prince, why should not both facts and circumstances bow to the requirements of a great president or of a great ex-president? Outside the domain of statistics—where even an accomplished artist in this line has been known to severely burn his fingers—why should he not be at perfect liberty to weave his subtle creations, and to modify coarse actualities, and to fabricate cunning fictions,

and to heroically use, at will, either the blank cartridges, or the *suppressio veri*, or the *suggestio falsi* chambers of his dialectic revolver? If really clever, except when he ventures into the perilous region of figures, he runs no great risk of being brought to book. It is an intellectual effort of the highest order to critically follow the devious meanderings—the quips and quirks and quibbles and inuendoes—of a plausible debater, so as to rapidly winnow the chaff from the grain (if any of the latter there be), and not everyone is equal to the occasion. Under such circumstances, perhaps four men out of five are content to have their ears tickled and to charitably accept plausibilities for truth, while the fifth man, who is of sterner build and more exigent in his demands, and who recognizes the artful fallacies of the speaker, is, as a rule, none too prone to commit himself to the thankless and ungracious task of exposure.

But when a skilfully plausible man, as is the case with the distinguished representative of No. 2, is also blest with a winning manner, he has, except before an exceptionally critical auditory, a truly immense advantage over any less gifted but more conscientious debater. Dr. Williams is peculiarly happy in his endowment of personal magnetism, and a gracious winning way of presenting his views, whether these be real or pretended, so that he seldom fails to charm even where he does not convince. I do not wonder, then, that he wins credence and support from those whose charity is larger than mine. I even, at times, while listening to him, wonder that I am not also convinced. I think it not unlikely that, carried away by his own brilliant creations, he occasionally half deceives himself. The debate on the motion to give the profession its legal and righteous representation on the Executive Committee was a case in point. This motion was defeated almost exclusively by the plausibilities of Dr. Williams, and I was not greatly surprised that some five or six Independents voted with him. The specious nothings, and finely-spun sophistries, and high-class plausibilities then urged by him against the motion on behalf of the electorate, were so eloquently presented—were set forth in a way so fair-seeming and so captivating, with all the charming Deportment of a Turveydrop, and all the noble sincerity and large-heartedness of a Pecksniff, and all the generous unctuousness of an Oily Gammon—that I was myself nearly carried away to the point of crying out, —“Almost persuadest thou me to be a traitor.”

Even by his own associates, Dr. Williams may possibly be regarded as indiscreet in forcing disclosures which can only add to the confusion of himself and his friends. By those who know me well, I am not regarded as being an ungenerous opponent—provided I receive

anything like decent treatment and fair play. I write only what I believe to be true. I speak of persons and things strictly as I find them. I "nothing extenuate, nor aught set down in malice." With respect to the doctor, there were, as I intimated in my letter to the December REVIEW, personal considerations which inclined me to deal with his aberrance from the path of official duty as lightly as possible. In fact, until the appearance of his letters in reply, I was not without some faint hope that he might yet be won to clearer views of his obligations to his constituents. These considerations, and possibly also mistaken good-nature, prompted me to shroud an attack—which he well knew was directed exclusively at himself and his two elected associates in the Inner Circle—behind the kindly veil of ambiguity, by the use of indefinite expressions such as "a few elected men," "five or six territorial representatives," etc. That I have now withdrawn even this thin screen, is the natural and inevitable result of your correspondent's artful effort to make it appear that the words "ductile," "recreant" and "subservient" were levelled at the whole Council, or at "nearly three-fourths of the Council." Again, I might have met his attempt to discredit me as a witness, in the matter of Council irregularities, and misgovernment, and the hidden machinery by which the Council is controlled, by simply and pointedly citing, and insisting on, the internal evidences of the truth of my averments, and the justice of my strictures, contained in the official Report of Council Proceedings, while also refuting his misstatements, and correcting his misrepresentations, and unmasking his sophistries, *seriatim*, as they appear. He is, however, so untrammelled by the ordinarily accepted ethics of public debate, so unrestricted in his choice of means "*calculated* to win confidence," that the task of refutation would be a continuous, and an endless one, and I have other subjects, of much more interest to the electorate, to discuss. It is to me, consequently, a matter of vital importance that your readers should be in a position to properly appraise the value of his testimony on points pertaining to Council policy and regime, and to professional politics. In his private, his social, his civic and his professional relations, I have no reason to even suspect that he is not a truthful and an honorable man. On the contrary, I believe him to be, outside of his Council relations, as trustworthy and as sincere, as I know him to be the reverse in Council debates. I gladly express my honest admiration of his many good qualities, and of his personal amiability of character, and I freely state my firm conviction that his Council idiosyncrasies are the only specks upon an otherwise spotless and enviable reputation. I should, indeed, deem it an unpardonable outrage to charge him with dishonesty, even in Council debates.

and controversies connected therewith, if the evidence to be used in support of such a charge had to be sought for outside the discussion in which we are at present engaged. I have thus said perhaps enough to show how reluctantly I am, herein, forced to recall certain incidents, connected with one of the earlier phases of this dispute, which serve to settle the question of his credibility in public discussions, connected with Council affairs, at once and forever. If this exposure proves painful to him, I can assure him that to pen it is almost equally so to me, and I beg to remind him that, by his wanton and gratuitous attack on my veracity, he has left me no alternative but to make it. Similarly, his reiterated inquiry as to why I "cannot trust my case to an intelligent electorate with the transactions of the Council as an exponent of my actions," can only have the effect of constraining me to, presently, lay before the profession certain facts relative to the official Report of Proceedings which, I am sure, both Dr. Williams and his friends would much rather did not appear.

Your distinguished correspondent begins his first letter very magniloquently. He says that I and my followers, as he ventures to call the Stalwarts, "Have a passion for writing. Other members of the Council are usually content to allow them to write on without comment—only now and again, when they become particularly personal, is any reply made." This, sir, under the circumstances, is rich indeed—is of the very highest order of grandiloquence. It is so instinct with the spirit and loftiness of Deportment—is so full of inimitable dignity and self-repose that it really might have been penned by the immortal Turveydrop himself. Does it, however, correctly explain the silence and forbearance of these "other members of the Council"? Is it a reliable interpretation of my dear Local Brother's own protracted exemplification of the Christian graces of meekness and long-suffering patience? In a word, is this very turgid statement true, or is it merely Williamssesque, and, therefore, to be accepted only with the salt of discretion, and at a very heavy discount on its face value? Is there not another and a much more easily found solution of the mystery of his and their careful avoidance of printer's ink during the past four years? Allow me to submit to you certain facts which furnish a very complete answer to these queries.

Your correspondent's pretentious assumption of a dignified forbearance—a lofty indifference to adverse criticism—founded on some higher inner consciousness, on the part of himself and his friends, collapses into merely pretty verbiage when it is remembered that, some five years ago, they established, and, with Council money, paid for a subsidized journal of their own, wherein, at first or at second-hand, they

could, with safety, roundly abuse and traduce any and every member of the College who had the temerity to claim that his professional soul was his own. Unfortunately for them, the journalistic orr which they therein so freely mined and brought to the surface, and paraded, and coined, and circulated as pure gold, never had the ring of the true metal, and, so, was easily recognized as being only and always unmitigated brass. The higher sentiment of even the Inner Circle at length grew restive over the public implication of having any official connection with the thing, and it was only last June that Dr. Williams with his right and left territorial *thumbs*, in the capacity of chief mourners, sadly and sorrowfully assisted, in the Council chamber, at the obsequies of this creature of their liberality and love. Consequently it is merely during the past few months that the doctor and these "other members of the Council" have been deprived of the inestimable boon of, either personally or by deputy, working this editorial crank, so as to grind out their monthly quota of Council plausibilities, and dialectic vituperation and individual vilification. Whether Dr. Williams did or did not avail himself of the privilege of thus holding forth in the *Ontario Medical Journal* behind the shielding anonymity of the editorial "we" I do not know, nor do I profess to know. Identity of style and of grammatical eccentricity and a truly marvellous similarity of freedom in the selection of means "*calculated to win confidence*" would seem to imply as much, but I freely and gladly admit that all these together fall short of absolute proof that such was the case. The fact, however, remains that, whether he was the hand or the head—the factor or the inspiration—the work was done either by him or for him and these "other members of the Council," and, consequently, his stilted utterance as quoted above is as disingenuous as it is pompous.

But why, it may be asked, should Dr. Williams and his particular friends in the Council desire to hide themselves behind the anonymity of the editorial "we" in the *Ontario Medical Journal* or elsewhere? Simply because they have never yet, as far as I know, appeared in print over their own signatures without coming to bitter grief—the Nemesis of exposure, which ever and righteously dogs the steps of the dishonest controversialist. In the arena of professional politics and outside the Council transactions, your plausible correspondent has himself, I believe, twice and twice only heretofore appeared before the profession in print over his own name—once in a letter to the public press (!) and once in an essay or paper originally read before the Ontario Medical Association. Upon the former of these incidents I do not propose to dwell, as I have not just now at hand the

newspapers of the day containing the *corpus delicti* referred to. The simple facts, however, as I remember them, were these : Some five years ago, in his capacity as President of the Council, the doctor furnished, for presentation to the Legislature, a statement showing that the whole cost of the Council's real estate was \$60,000, that the building was to the Council a source of revenue, and that at any moment the Council could take \$100,000 cash for it. Dr. Armour of St. Catharines, I believe, in very moderate terms, challenged the correctness of all three of the President's averments, whereupon the latter rushed into print professing to have now made a close and careful examination of the Treasurer's Financial Statements, and that as the result of this critical investigation he found that the outside true and exact cost of the real estate was just \$83,000. And yet, sir, if your readers or any of them take the trouble to go over these same Financial Statements, they will find that, exclusive of all disputed items of expenditure, the Treasurer admits an outlay on the building and its appurtenances of \$92,077.90 ! The gifted President's artless statement of *facts* was severely and unkindly commented on by his critics. They even unmercifully roasted him in the public press, for what they uncharitably termed his "unscrupulous manipulation of the Treasurer's figures," and they invited him either to prove his asseverations or admit that he was in error. Unhappily he has never condescended either to justify or retract his unfortunate affirmation, and the net result of the episode was that his "passion for writing" in the public press was suddenly and rudely nipped in the bud, and that his statements *re* Council affairs have been taken ever since, by well informed persons, liberally sprinkled with salt.

His second and last effort in the same line was still more disastrous. When the arbitrary actions of the late Council drove a large section of the profession into open revolt, it became necessary, in the interests of the Inner Circle, to throw a little dust into the eyes of the startled electorate, especially with regard to the deficit in the Council's finances due to its real estate misadventure. It matters not whether the plausible doctor was selected for the work because of his eminent ability in that line, or whether he voluntarily threw himself into the gap—he did the work, and, apparently, he did it *con amore*. In his paper read before the Ontario Medical Association, he employed means "*calculated* to win confidence" so artistically that he satisfactorily figured out the fact that the Council enjoyed a net annual income of over \$500 from its building ! Again some rude outer barbarian at once tore his figures to tatters in the public press, and, by an unvarnished statement of the real facts of the case, showed that in

place of an imaginary annual income of over \$500, there was an actual and melancholy yearly deficit of very nearly \$4,000 even after allowing the \$750 which the President claimed as the yearly rent for the rooms occupied for Council purposes. This really artistic production of the President—though scarcely as brilliant as some of his more recent and more subtle achievements, is a masterpiece in its way, and as it serves to show the wonderful elasticity and expansiveness of plausibility in the hands of a really clever man, I commend it to the careful perusal of your readers. A few days after this second effort had been severely mauled in the public press, its distinguished author read it again from the President's chair in the Council chamber. He had now for some months past had the previous year's Announcement containing the Treasurer's Statement in his hands, and in his official capacity he ought to have known it in detail, yet he claims that "on looking into this more *critically*, I find that I had mistaken the Treasurer's Statement. I will now give some figures which I think are *correct*," and this he proceeds to do so cleverly as to arrive at the conclusion that the whole annual deficit was just \$302! Surely this charming candor, this manly admission of past error, this Pecksniffian pretension of critical exactness in the present, were all means eminently well "calculated to win confidence" on that occasion. Let me ask your readers to also examine the figures which this high and honorable officer then so critically studied and so skilfully manipulated. Presumably they already have in their possession the Announcements of 1891-92 and 1892-93, but if not, they can obtain them, on application, from the Registrar. Opening the former at page 220 and the latter at page 120, they have the whole matter before them. Adding up the items given under the head of Building Maintenance they get \$3,817.48 as the whole, and if to this they add \$3,000, the interest on the mortgage, they find a total of \$6,817.48, not taking into account the \$2,000 interest on money actually sunk in the real estate but not by the Treasurer debited against it. Yet the President makes this total to be only \$5,142 00! And he does this deliberately, with the previous year's Announcement opened at page 220 in his hands, and in presence of his associates of the Inner Circle who each also had the Treasurer's itemized statement before him! With what object? Merely that it might be published in the next Announcement and thus throw a little useful dust into the eyes of the electorate. How did he accomplish this seemingly perilous and doughty feat? Let your readers compare the President's figures on page 120 of the one Announcement with those given by the Treasurer on page 220 of the other, and they will find that, with a courage that stamps him as

a very brave man indeed—that amounts almost to a heroic disregard of consequences—the President, deliberately and of set purpose, drops out the \$520 paid as Caretaker's salary, the \$204.48 paid as Commission on Rents, and the \$675.31 paid for General Repairs, while he reduces the other items by an aggregate of \$307.69. So that while the Treasurer makes this part of the deficit, \$1,966.76, the President so cooks the Treasurer's Statement as to make it appear to be only \$302! And it is further characteristic of the doctor's steadfastness to the traditions and contentions of the past, that although this trifling discrepancy of \$1,604.76 in an itemized account of only \$3,817.48 was sharply pointed out to him at the time, and he was invited to correct the error, he has never to this day done so. His "passion for writing" came to an untimely end, but he has suffered too subsequent editions of that address to go into print, and to be disseminated broadcast in the profession—without thinking it necessary either to vindicate his honesty of purpose and truthfulness of statement, or to apologize for thus immolating veracity and honor on the altar of the Moloch of plausibility. Even yet it is not too late to explain away, if possible, this unhappy charge of paltering with truth in his statements regarding Council affairs. But until he does so satisfactorily, he must clearly understand that his evidence on Council matters is ruled out of court and that his mere *ipse dixit* thereon is not worth the ink with which it is written.

All this, sir, goes to show how carefully even the most accomplished sophister should shun the domain of statistics. Figures are stubborn facts, intolerant of manipulation. They do not bear suppression, or pruning, or any other form of sophistication, and if a debater or a controversialist, howsoever skilful he may be, is not straightforward enough to handle them honestly and truthfully, he had better avoid them carefully, as he would the business end of a vicious and unscrupulous mule.

While writing his first letter, the doctor thought I had "failed to make clear the shades of meaning" of the word *plausible*. One very *shady* "shade of meaning" he has himself since supplied, and I have added a few more. When I come to his second letter and to his contentions in Council, and to his last artful effort in the March REVIEW on behalf of the homœopaths and the Schools, I have no doubt other "shades of meaning" will come to light. The special and peculiar "shade of meaning" brought out by my present letter, is that to be plausible is to sacrifice the confidence and respect of the many in order to win the applause of the few; is that the art of plausibility may, in certain cases, become a pursuit so fascinating and so absorbing

as to warp a good man's nature from right to wrong : is that a man of undoubted worth and amiability—a man of more than average ability—and of unquestioned integrity in every other walk of life, can in one particular set of official relations become so enamored of—so given over to this delusive and guileful habit—as to prove himself to be unworthy of credence in everything pertaining to those special relations, while he may remain perfectly truthful and honorable and honest in all other respects.

In his first letter your correspondent charges me with being "lavish with half-truths," questions the capacity of my gullet, manages by the liberal and artistic use of caps, italics, notes of exclamation and interrogation to convey an impression that, in his opinion, I also have been ductile and recreant and subservient, and, finally, inquires whether my self-given certificate of character, in this regard, would not be better if endorsed by the Council or the electorate.

This is a medley of base insinuations and profuse swearing at large which is hardly creditable even to a territorial ex-President of the Medical Council. If the worthy doctor can screw up his courage to the point of specifically challenging any one of my statements, in this entire series of letters, as a half-truth, I will at once either show it to be a whole truth or retract it. Similarly, if he ventures to instance on my part any act of disloyalty to my constituents, or any evidence of ductility or subservience to any interest or alliance hostile to the electorate I am anxious to serve, I will either rebut his charge or retire from the controversy and from the Council. His baby talk, in his second letter, about my not taking the Council into my confidence I will summarily deal with in due course. The endorsement of the electorate I hope to receive at the proper time, and I am curious to know whether Dr. Williams expects, after matters have been amply discussed, to be similarly favored. There are but few members of the Council whose individual good opinion I do not value very highly. Their personal endorsement I hope to continue to merit and to long enjoy. The endorsement of the "Solid Phalanx" or "Inner Circle" as a "Ruling Alliance" is a very different affair. I should esteem it a very great misfortune to merit or receive that, since my having it could only imply that, like my esteemed friend himself, I had betrayed the interests of my constituents in order to obtain it. Finally, it may perhaps relieve his very kind and elegantly expressed anxiety about my swallowing capacity, if I remind him that it is only dogs and hogs that swallow taffy in the form of a "bolus." Both men and boys are in the habit of allowing the luscious morsel to roll about in the mouth till it has slowly dissolved, so that they may enjoy

the "luxury of sweetness long drawn out." In this matter, as also with regard to the italicized head lines of the Bible, I really regret the necessity of having to recall to his memory the sweet experiences of the long ago—of those earlier and less sophisticated years when Sunday School chapters and taffy "boluses" were evidently more familiar to him than they have been since he became a member of the Medical Council.

I have about concluded my review of his first letter, but if he thinks I have omitted any material point, I shall be glad to give it my attention. Meanwhile, I think that "pitying smile" is now on the other fellow's face.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, March 27th, 1897.

New York Letter—Dr. W. Graham.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—Since writing from Newark, I have pitched my tent across the river, in the great medical metropolis of this continent, New York. Here there are at least forty-four hospitals and thirty dispensaries for every imaginable purpose and condition—a great many of them nominally for the poor, but only nominally. For the student there are three teaching colleges of good standing, viz.: College of Physicians and Surgeons, being the medical department of Columbia College, University of New York, and Bellevue. Since my student days the College of Physicians and Surgeons has been richly endowed by various members of the Vanderbilt family to the amount of one million or over, placing it above the pinch of poverty, and pushing it to the front rank for facilities, as it has hitherto been for instruction.

There is not much change at Bellevue as far as the buildings are concerned, excepting the addition of Carnegie Laboratory, during these last thirty years. The hospital amphitheatre has been completely remodelled and improved very much in the way of ample light and modern appliances. The teaching building, or college, was burnt down, or rather gutted, last December, and I don't think it is decided whether to repair it or build a new one.

Although there is not much change in the buildings, what sad havoc time has played with the old teachers! In vain you look amongst the list of professors for the names of Austin Flint, of Practice of

Medicine fame ; Fordyce Barker, Isaac E. Taylor, Van Buren, James R. Wood ; my old preceptor, Frank Hamilton, author of the best works in any language on fractures and dislocation, and others whose names will remain in American medicine long after many generations have passed away.

For the practitioner who wishes to keep in the van of medical and surgical progress, there are at least three or four post-graduate schools, where he can have the cobwebs of self-satisfaction swept away and get pushed out of the rut that one gets into, if left too long, without brushing up against enthusiasm.

For the medical man who is spending two or three weeks' holidays in the city, and wishes to sprinkle in a little profit with it, there is ample opportunity of seeing any amount of operative work of all kinds. Any operations of note are announced on the bulletin board at the Academy of Medicine, Forty-third Street, and if they happen to be at such a place as the Woman's Hospital, where visitors are admitted only by invitation, all one has to do is to go to the Superintendent and state you are a stranger, giving your name and address, and you will have no trouble in obtaining permission or a card of invitation for the period of residence in the city.

There is one thing that very forcibly strikes the medical visitor here, viz. : The very evident desire that prevails to do something in medicine, and especially in surgery, that no one else has ever done before. I saw an operation of this kind a few days ago at St. Mark's, by Carl Beck. The case was one that had previously been operated on for procidentia, by the ordinary method of ventro fixation, and had proven a failure. The abdomen was opened again and the right round ligament dissected out ; this was held up by a hook into the abdominal wound, while the operator stitched together the peritoneum muscle and fascia under the ligament, and then closing the abdominal wound in the usual way. Thus the uterus was suspended in the abdominal wall by the round ligament. I mentioned that I had never heard of that being done before. Dr. Beck remarked, "that was not surprising, as this was only the second time he had done it and did not know that any one else had done so."

Since witnessing the above I had the very great pleasure of seeing the now famous Dr. Thos. Emmett, at the Woman's Hospital, try to accomplish the same thing by another method. The case was also procidentia, which he relieved by the usual operation of colporrhaphy known by his name, and is given in detail in most modern works on the subject. It consists of picking up from the anterior wall of the vagina two longitudinal and parallel folds, stripping or freshening the

edges of the folds, and suturing them together with silver sutures, thus folding in a portion of the redundant vaginal mucous membrane, which lessens the calibre of the vagina, and forms a column of support for the uterus. He claims the only rational way to support the uterus is from below, and not from above. While operating he strongly condemned the new-fangled methods of hanging the uterus from above. "You may as well hang a weight by a rope over the clouds," were his words. He said, "the suspensory method was based on incorrect principles." I was pleased to meet Dr. Powell, of Toronto, who was also present at the above operation.

The favorite antiseptics amongst many abdominal surgeons here are lysol in from 1 per cent. to 2 per cent. and Thiersch's solution, composed of salicylic acid 2 parts, boracic acid 12 parts, water 1,000 parts. By the way, this brings to mind a very nice case of skin grafting, by Thiersch's method, performed by Prof. Woolsey, of New York University at Bellevue. The patient was injured on the street in some way, resulting in large sloughings of the integument on the left thigh and leg; ample time was given to cicatrize, but it refused to heal, hence the operation. Under anæsthesia and antiseptic precautions very thin transparent grafts were taken from the opposite thigh about three quarters of an inch wide, and three to four inches long, with a keen razor, flattened on one side. These were placed so as to cover the raw surface. They in turn were covered with rubber tissue, cut in narrow strips to insure drainage, then dressed with gauze in the usual way.

A few days ago, amongst many other interesting cases of general surgery at St. Mark's, I saw Dr. Carl Beck perform a very interesting operation for appendicitis. The patient was one who had been operated upon twice before for the same thing, once by a very eminent surgeon in this city, but in both cases they were honest enough to declare they had not found it, and there still remained a fistulous opening. There was a great deal of scar tissue over the usual region of McBurney's incision. Dr. Beck reasoned, after he removed the scar tissue by an elliptical incision, that if the patient had appendicitis, he must necessarily have an appendix, so he was determined to find it, which he did after a good deal of dissection and breaking up adhesions. It was then excised as usual and the wound closed. There seems to be some difference of opinion here as to the best incision for this operation. Drs. Beck and Ill prefer to get even a little closer to the superior process of the ilium than McBurney's. Some advocate the line corresponding with the external border of the rectus muscle directly into the abdomen; others through this line,

then retract the rectus inwards about an inch or so, and then enter the cavity at this point. The object, as will be seen, is to prevent hernia.

Since coming here I have seen any amount of laparotomies, Alexander's operation, amputations of the cervix, plastic operations, removal of ovaries, etc., *per vaginam*; but nowhere, according to my opinion, do I see better, more honest, conservative, cleanly and efficient work than is done by Dr. Ill, of Newark, and it seems a pity that so much good work is lost for teaching purposes.

Seeing such a vast amount of this kind of work, and considering a similar quantity going on at all the hospitals in this great city, one is apt to think if they continue in the same ratio they will very soon get all round, and no material will be left. If I ever felt thankful I am not a woman I do so now, and I think the time is about ripe for a new department in surgery, that of the Andrologist, who will remove the testicles of all victims of venereal diseases, and thus have mercy upon poor woman with her tubes and ovaries.

Hoping I have not trespassed too much on your valuable space,
I remain, yours very sincerely,

WM. GRAHAM.

67 West Thirty-Sixth Street, New York,

March 27th, 1897.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—The March number of the REVIEW brings the promised letter from Dr. Sangster. A glance at it discloses the usual characteristics of his writings, also the evidence of surprise at the hardness of any one venturing to defend himself against his attacks. A further perusal reveals that the first shot from the enemy has more than "ruffled" his "plumage." It makes clear that, in his own language, "it is ill-advised . . . to reply while still quivering with the pain of a recently received castigation."

A very ludicrous part of his letter, and one at which those who know the circumstances will smile, is his threat "to carry the war into Africa." It is suggestive of the Irishman at the fair, dragging his coat through the crowd inviting some one to tread upon it. If an unfortunate by mischance or otherwise should set foot upon it, he regards this as sufficient cause for the use of his black thorn.

He tells you the words "ductile," "subservient," "recreant," words which he hurls at his opponent in place of argument, "have been applied exclusively to Dr. Williams and his two territorial associates in the 'Inner Circle.'" I had the bad taste to suggest that if he, Dr. Sangster, wished his views to prevail in Council he should not first insinuate improper motives to other members. This was the treading upon the coat. After brooding for six months his December letter came. In referring to it, he calls it a "*very moderate critique*," and in another place refers to me as "quivering with the pain of a recently received castigation," the rod being this "*very moderate critique*." Again he tells you he has shown that Dr. Williams "*can be stung* into some semblance of reply." This "*very moderate critique*," then, had a preconcerted design to sting. And again, "it was necessary to unload the doctor," and "I have drawn his fire," further evidence of preconcerted design. And this is the man who talks of carrying "the war into Africa." Here, Mr. Editor, is the explanation of the very personal character of the letters, and the very little of Council matters they contain.

That a man, himself the aggressor, should speak of carrying "the war into Africa," as if *he* had been attacked, is highly amusing. Canada is a great country wherein to parade his generalship without the addition of a continent, and he may find it sufficiently warm without going to Africa. It is large enough, too, that he may exhaust his belligerent powers and burning desire for conquest, and not find himself weeping for other worlds to conquer.

Dr. Sangster reasserts that there is a party in the Council which he calls the "Inner Circle," and his little party of "Stalwarts" is the opposition. To make his case stronger, he now gives a third party of "eight elected members, who style themselves Independent members," and claims that their very cognomen explodes my position, that there is no party in Council, except his little party of "Stalwarts." He admits the absurdity of an opposition when there is no other party to oppose. And to get himself and party out of this absurd position, he hunts about for circumstantial evidence in support of his statement. He tells us there are eight who style themselves Independent members. Why did he not poll the balance of the Council and learn how many would "style themselves Independent members?" Why? Because he knew the individual members, with the exception of his Little Phalanx of "Stalwarts," would style themselves "Independent members;" and they would prove it by their actions. He dares not poll them. To do so would establish my position.

He has another circumstance to prove the existence of the party. He says "Dr. Williams has admitted, and he dares not now deny, that a caucus—as he prefers to call it—is summoned each year antecedently to the Council meeting, or that he has himself been in the habit of attending it. Now, if sixteen members or any other majority of the Council meet from year to year in secret session—to the exclusion of the 'Stalwarts' and Independents, and there and then settle the personnel of the Council officials and committees, and become mutually pledged to an active line of policy, what is the use in indulging in baby talk about there being no government and no parties?" This quotation is full of inaccuracies—of half-truths—from which he proceeds to reason. Let us correct some of them. Dr. Williams *did not* say a caucus *was summoned each year*, nor that he was in the habit of attending them. Nor did he say *that sixteen members or any other majority of Council was summoned*. Neither did he say the personnel of the Council officials was settled at such meeting, or that those present became mutually pledged to certain lines of policy. Not only did he not make these statements, but he *challenges Dr. Sangster to the proof of the statements, or the facts*.

What are the facts? Taking the period from 1880 up to the present—I know nothing of what was done before that date—*three meetings* have been "summoned" antecedently to the Council meeting, and I have attended them. The first, a meeting of territorial men only. Their especial object was to decide what position they should take as to allowing a High School master to hold private matriculation examinations. They determined to oppose it. They did so, and the method was changed. The two other meetings had no special object other than "friends spending a social hour." The officers and other business were talked over, but the "personnel of the Council officials" *was not settled*. One of these meetings was last year, and two school men, who, according to Dr. Sangster, would both be of the "Inner Circle," contested the position for the Vice-Presidency. This did not show much agreement. Caucuses have occurred in other years, when *no person* was "summoned," and few attended. Members meet at their hotel, discuss the personnel of the officials of the Council, and decide on their course. I have never attended these and know nothing of their procedure, nor of their numbers, but believe there is in *no case a majority of Council*, and in all cases a very small minority.

On flimsy pieces of circumstantial evidence deduced from the above quoted tissue of half truths, the doctor undertakes to prove the existence of a party of sixteen members which he styles the "Inner

Circle." In his own language, "Does the facile doctor fancy that he is writing for the edification of imbeciles, and that plausibilities, which might easily pass muster in his "Little Phalanx of Stalwarts," "are at all likely to satisfy intelligent men outside the Council chamber, who are free from all taint of entanglement with that alliance?" But, sir, why does he try to establish his case by circumstantial evidence?—by sophistical arguments based on false premises? He has an opportunity to set the question at rest by direct testimony. Where is the Independent member "who has shown sufficient will power and right feeling to emancipate himself from the cramping influences of past association, and assert his manliness by taking his stand as an advanced Independent?" Surely he can be trusted to testify to the facts. Give us his evidence over his own signature. Let him tell about the "Inner Circle" he has left—about the organization of sixteen members to control the Council—about the schools controlling the Council. He is an honorable man, and will speak the truth. I challenge you, doctor, to put up the evidence. I assert you can not do it, and you know you cannot; you are making statements for the purpose of deceiving the profession. We will not confine you to one witness. You tell us there are eight elected men who "style themselves Independents," and you separate them out as not belonging to the "Inner Circle." Give us the testimony of one of these. You can surely find an honorable and truthful man in this number; or are all who do not belong to the "Stalwarts" unworthy of credence? Or have they belonged to the Council for two years and have not learned the facts? Is there no person with the exception of Dr. Sangster and his "Stalwarts" with sufficient penetration to see through the inner workings? Mr. Editor, the doctor may get any member of the Council, outside of his "Little Phalanx" of "Stalwarts," who, over his own signature, will give us the evidence. Let him bring on his witness, and not depend on dialectic sophistries, or stand branded as a man who will state and restate what is untrue, for the purpose of deceiving the profession.

Your correspondent intimates that "Dr. Williams is welcome to all the satisfaction he can procure from the consciousness that it requires all the thumbs of both hands to number his elected supporters in the 'Inner Circle.'" In this he is too generous by far. He multiplies the truth by three. I can count on the regular and systematic support of one, that one myself. But that any other member of the Council will set aside his own judgment for mine, and become a systematic supporter, is not true. Nor can the doctor find

a single man in the Council who will take this position with reference to any leader outside of the "Little Phalanx of Stalwarts" with Dr. Sangster.

It is interesting to follow the representative of No. 12, in making out a case for himself and party. The vigorous efforts to "whistle up courage," and the great egotism displayed are points worthy of note. In a previous paragraph he gave us to understand there was a party of six "Stalwarts" who constituted the opposition. He now tells us they "are all full privates." "They have no leader, hold no caucus, recognize no party shibboleths." In a word, when it suits his purpose, they are all Independents. He has no party. Will he tell us, too, he was not selected as their scribe? Again, "*the Stalwarts . . . are fighting the battles of the electorate.*" They view things "*from the same standpoint—the well-being of their constituents and the profession at large,*" "*with an eye single to the vital interests of the electorate,*" in contradistinction to the eight Independents, and the sixteen members of the "Inner Circle," who regard none of these things. Who would have believed the profession in Ontario could have got together thirty men, and twenty-four of them "recreant" to their own interests and that of the electorate, which are identical! Yet so it seems, according to Dr. Sangster, and only six "Stalwarts" who are true. Ho, ye Independents! have you no interest in the battles of the electorate? Have you no interest in the well-being of your constituents? Are your eyes not single to the vital interests of the electorate? or to the interests of yourselves? You are as bad as the "Inner Circle." Mr. Editor, is it not a case of "*see*" and "*rote*," as Dr. Sangster indicates, or expect to be berated as "ductile," "subservient," "recreant," or such other pet names as sound euphonious to the doctor's highly cultured ear?

The doctor has been kind enough to take my case under his especial care. He gives the diagnosis and the prognosis. He claims to have found that I am "hobbled, shackled, hampered, bound hand and foot." A pretty strong diagnosis for one small doctor! Well, there is one thing clear, with all this hobbling, shackling, hampering and binding, I surely can do no harm. Is it not cowardly of the doctor to make an attack on a man so fettered? I did not suppose that either a history, a diagnosis or prognosis should be any part of a discussion of this kind. Yet as the doctor has decided otherwise, I will waive my opinion for that of the eminent man who "*sees only with an eye single to the vital interests of the electorate.*" I cannot lay claim to any eminent skill in this line, and can only inquire in the directions the history seems to lead. The profession will for themselves supply the diagnosis and the prognosis.

Dr. Sangster was opposed to the Medical Act establishing the Council when the law was first enacted. He was a professor in one of the medical schools. Was he opposed because it would decrease the number of students? The doctor ceased to be a professor and retired to a quiet country practice. A law was passed imposing a fee of one or two dollars per annum on each registered practitioner, and putting the duty of collecting it on the Council. The doctor remained at his quiet practice. The Council purchased the ground on which the present Council building stands, the new building was erected, ineffectual attempts were made to collect the fee, one part of the profession paying, the remainder, who derived equal benefit, contributing nothing. The doctor was among the latter and remained at his quiet practice. He had conscientious scruples. The law was changed, compelling each member alike to pay the fee, so that one part of the profession should not profit at the expense of the other. The doctor at once springs into activity and heads an organization to fight the Council. Why? The doctor opposed the Council in the first instance from the standpoint of the schools; now in opposition to the schools. Why? Was it from purely disinterested motives in both instances? To maintain his consistency, will he fight on until he destroys the Council as constituted under the present Act, and the Act itself? Or until the electorate take warning and send him back to his quiet practice? With this brief history, and the queries introduced, the profession will be able to arrive at a diagnosis as well as a prognosis.

The representative of No. 12, with more courage than discretion, returns to the word "plausible." After his exhibition in the December number had been dragged to the light of day, and his absurd positions exposed, most men would have considered "discretion the better part of valor." Not so the gifted representative of No. 12. With a true military genius he considers a masterly retreat second only to victory, and he labors for it with an assiduity worthy of a better cause. He wriggles and he twists, he contorts and he distorts, he flexes and he genuflexes, as he ambles away. Apparently with the intention of disguising his retreating motion, he makes a pyrotechnic display with subtleties and oversubtleties, and hairsplitting niceties, intended to befog the reader until he is lost to view, but not until he has wasted three pages of your valuable journal.

Among his characteristic exhibitions of sharpness, notice his attempt to class me with himself in dragging words from their connections to get at their meanings. He quotes from Funk & Wagnalls' Standard Dictionary the meaning of the word "plausible" under the subdivision

No. 2, and he affects to believe that in giving "a meaning" you must embrace the entire division. He chooses posing as an ignoramus in punctuation and in the use of his lexicon, if he can thereby drag me, in this particular, into his company. In his own language, "does the facile doctor fancy he is writing for the edification of imbeciles?"

Another characteristic is found in his repeated complaint that when I advised him to put *his views* in a reasonable and plausible manner I did not direct him as to their character. He says I advised "quite irrespective of their intrinsic truthfulness or falsity." Mr. Editor, was I to presume Dr. Sangster would use arguments irrespective of their intrinsic truthfulness or falsity? The advice was as to how he should put "*his views*." I acknowledge it was an oversight. Had his methods of warfare been as well-known to me as since reading his recent letters, he would have been cautioned on this line. Ignorance of his methods must be my excuse.

Your correspondent treats us to a dissertation on the words "*ductile*," "*subservient*" and "*recrulant*," and insists "they do not belong to or approximate to Billingsgate." We quite agree with this. They are good and useful words—words that when properly used are above suspicion. When hurled at an opponent in place of argument, they cannot, however, be said to be properly used. The fault is in the user, not in the words. We are told, too, that "racy" "is a word of good and not of evil report," and we are given its meaning with its synonyms and antonyms, and we are referred to the "Standard Dictionary," which, for an example of its use, quotes De Quincey's "Opium Eater," "Pure mother English racy and fresh with idiomatic graces," and then, sir, he quotes a line from my letter used in reference to Dr. Sangster's composition, in which I say "few members of the Council have a desire to be trained to this (his) raciness of expression." He tries to make the reader believe this sentence was used with reference to De Quincey's "Opium Eater," or to a "racy" article. What has this to do with De Quincey or with De Quincey's composition? Is this sophistry? or has the doctor a "bee in his bonnet"? Is it an attempt to deceive the reader? "This is his idea," in his own language, "of honesty and honorable warfare." Little, tricky sophistries of this kind will not serve his purpose. The Council can appreciate De Quincey, and can appreciate a "racy" good article, but this is an entirely different matter to having a desire to be trained to that raciness, which your correspondent calls a resort to "the school-boy trick of making faces and calling names."

He charges me with insinuating that "his raciness in debate" is the language of Billingsgate. Dr. Sangster knows—no one better

that there is a spirit goes with the oral expression. It is not simply the words. It will be for the doctor's readers to judge whether or not he prostitutes words to the Billingsgate spirit. I quite understand that the doctor has studied "a Standard Dictionary," not "the Standard," as he would make you believe, until he knows well the use of language, and that had Disraeli lived to the present decade, he would have found one more man "intoxicated with the exuberance of his own verbosity."

I regret not being in a position to accept the honors and compliments your correspondent heaps upon me, as being the "discoverer of microbic exogenesis." Unfortunately "Canada is" not "to be congratulated on having produced a truly great scientist." "God's injunction that each created existence shall bring forth after its kind," is still in force. The doctor was led into this error by a little faulty diagnosis on his part. He knew the outbreak in December was from the organisms in the dishwater of June. As the December product could claim his parentage, he did not suspect it was strictly homogenetic. It is well known that a parent is rarely a good judge of his own progeny. What he supposed to be an indication that the December outbreak was "pungently racy," was acrimony, the result of decomposition, brought about by putrefactive changes. He hints that his integument was not likely to be pierced by microbes with little penetrating power. If, as he says, it was the "Pachydermatous Dr. Sangster," this may be true.

In the February number, I say "his (Dr. Sangster's) first letter is introduced with a series of italicized head-lines that would be creditable to the business energy of a peripatetic medicine vendor. No doubt they are introduced to so satisfy the reader that he will not peruse the context and learn that the arguments (?) do not establish the assertions made." From these two sentences, this masterly logician finds that I am "moved to bitter reproach at the iniquity of italicized head-lines." "Characterize them as dishonest and in every way reprehensible," "and condemn their employment unequivocally, rather offensively, and without any reservation whatever," and "insist that (he) shall be classed with quacks and rogues, and thieves and murderers, *et hoc genus omne*." Who would have suspected those two little sentences so pregnant with meaning? Just think of it, compliment a man for his business ability, and you are actually insisting that (he) shall be classed with quacks and rogues, thieves and murderers, *et hoc genus omne!!* My, my, what logic does for a man. Where could such brilliancy have been acquired? Surely not from Whately. The doctor owes it to the world to acquaint them at what Gamaliel's feet he studied.

The doctor say he is "credibly informed," "that in my earlier years" I "entered the sacred desk to expound the Word of God." And he condescendingly refers to me in such endearing terms as "my beloved brother," "my dear local brother," etc., terms which I cannot accept without some protest. I can aspire to no brotherhood in any ecclesiastical organization graced by Dr. Sangster: the only relationship I can claim being a common brotherhood in the great family of man. History was too busy crowning her pages with the noble deeds of *his* early life, standing always, as he did, the advocate and illustrator of "high class" morality, to make any note of my avocations. He was, therefore, obliged to depend on a "credible informant." Unfortunately, in this case, he was not more trustworthy than such gentry usually are. I never "entered the sacred desk to expound the Word of God." The statement was a fabrication, perhaps on the part of the "credible informant."

Dr. Sangster informs us we have a real live Turveydrop in the Council, for which we should be profoundly thankful. We are very much obliged to the doctor for supplying us with a euphonious appellation for qualities we had long recognized, but had not been able to succinctly designate. We had felt the force of what he truly says, that "it is a liberal education to come in casual contact with such a fountain of courtesy and gentility." I hope that we have profited by his ceaseless endeavor to "polish, polish, polish," which he carries on continuously and uncomplainingly. He polishes our words, our sentences, our characters, and even our thoughts. What would we do without our Turveydrop? We acknowledge with contrition that we did not recognize in some marked way our great obligation to him until he was obliged to direct our attention to it, and even indicate his willingness to pass the honor to one less gifted in this way. It is the old story. We do not appreciate the blessings we enjoy until there is danger of losing them. No, no, Dr. Sangster, you are too modest by far. We cannot allow you to hand over to another the title you have justly earned. You have exhibited the characteristics, you have done the work, and you shall enjoy the euphemistic title of the Turveydrop of the Council.

Characteristic features of the qualities of our Turveydrop, which justify his selection of the name, are illustrated in a paragraph before closing his March letter. For instance, what jaunty, self-reliant pomposity in the words "*somewhat to his confusion, I fancy.*" And what arrogant braggadocio in "*it was necessary to unload the doctor in order to clear the field for future action.*" What calculated preparation to give the great man room! In a word he says, when we read

between the lines, I have hurled shot and shell to "draw his fire." Now look out for my balls. Ye gods, stand back and wonder! I am just going to work!! What wily design to bring on a controversy in the words, "*having shown he can be stung into some semblance of reply.*" What premeditated cunning to get at and 'sting one he does not like. Sir, he utterly discounts the great prototype he selected for himself, Turveydrop of "Bleak House;" for while that illustrious individual was credited with being "a selfish, pompous, elderly dandy," our Turveydrop of the Council adds many qualities to these. Among them bombastic swagger and preconcerted design, with a callousness that leads him to boast of what most men would scorn to acknowledge.

In reply to why my "little effort," had importance thrust upon it, he says, not that it contained anything that was not true; not that it was not given in the interests of the Council; not that it was offensive to him or his party, but that it "*was necessary to unload the doctor,*" "*to draw his fire,*" "*to see if he could be stung into some semblance of reply.*" A premeditated design to discuss, not Council matters, but a person he dislikes. And this man talks about ethics and honorable warfare!

In the final paragraph of his letter he gives an idea of the bill of fare for his next. He intimates that (he) "proposes to give his promised paragraph elucidating (his) averment that Dr. Williams' want of status in regard to truthfulness and honesty in public discussion was decided more than three years ago." Mr. Editor, allow me to remind the doctor that my reputation for truthfulness and honesty is not in his keeping. I have now been known to members of the Council since 1880. My colleagues have had ample opportunity to judge for themselves as to my reliability in these particulars. To some of the profession, other than the Council, I am known, and I rest confident that many of those who do not know me, do know Dr. Sangster, at least by reputation, hence I have nothing to fear. I invite him to do his utmost.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, April 6th, 1897.

DR. ALBERT A. MACDONALD was elected President of the Toronto Clinical Society for the ensuing year.

Obituary.

Dr. John Wellington Rosebrugh, Hamilton.

DR. J. W. ROSEBRUGH, one of the oldest and best known physicians in Hamilton, passed away, March 25th. The deceased had been ill for some weeks with influenza followed by complications. He was sixty-nine years of age, and leaves a widow and a daughter, besides his son, who assisted him in his practice, and Dr. A. M. Rosebrugh, of Toronto, a brother. For a great many years he was jail surgeon. He was a valued member of Temple Lodge, A. F. & A. M.

John Wellington Rosebrugh was born near Galt, Ont., on the 5th of November, 1828. His father was Thomas Rosebrugh, who fought at Lundy's Lane and Queenston Heights, and his grandfather was a U. E. Loyalist. He was educated at the Galt High School and Victoria College. In 1850 he commenced the study of medicine with Hon. Dr. Rolph and Dr. Workman; he afterward attended the medical department of Victoria College, and took an additional course at the University of New York. He was a licentiate of the Canada Medical Board, 1852; M.D., University of New York city, 1853; M.D., University Victoria College, 1855; member of the Council of the College of Physicians and Surgeons, Ontario; member of the Ontario Medical Association; member of the Canada Medical Association; member of the British Medical Association; member of the International Medical Congress; honorary member of the American Medical Association; fellow of the British Gynaecological Society; corresponding member of the Boston Gynaecological Society. Dr. Rosebrugh commenced the practice of his profession in Dundas, afterwards entering into partnership with Dr. Billings, of Hamilton. While residing in Dundas he was appointed a Coroner for Wentworth county, and in that capacity he served at the investigation of the Desjardins Canal accident in 1857. In 1860 he was elected a member of Hamilton City Council, and during his two years as an alderman he gave special attention to the reform of the hospital, acting as Chairman of the Hospital Committee. For a number of years he was a member of the School Board, and was a promoter and Director of the Ladies' College. He was a prominent member of the Centenary Methodist Church, holding the office of trustee and steward for thirty years. In 1887 Dr. Rosebrugh was President of the Ontario Medical Association. He was also a member of the Ontario Medical Council as representative of Victoria University.

Personals.

DR. SLOAN, of Dunn Avenue, has left for Seaforth to resume practice there.

DR. J. F. W. ROSS was elected President of the Toronto Athletic Club.

DR. P. E. DOOLITTLE has returned to England, to attend to some business interests there. We understand that the doctor has been most successful in his commercial ventures.

DR. BUCKE, of London, has been elected President of the Psychological Section for the meeting of the British Medical Association to be held at Montreal.

Selections.

IODIDE OF POTASSIUM OR IODIDE OF SODIUM.—According to Briquet (*Rev. Inter. Med. et de Chir.*), the sodium iodide is preferable to potassium iodide in all maladies of the respiratory tract and for certain rheumatic pains. The potassium salt is badly tolerated in many instances in hepatic disease, but is unquestionably good in these cases. He has found that where the patients do not tolerate iodide of potassium well, the iodide of sodium first prepares them for the potassium salt. He has also been able to get the effect of the iodine in many patients by the use of the sodium salt when the potassium was contra-indicated because of its depressant effect.—*Therapeutic Gazette*.

TYPHOID FEVER.—Bouchard prescribes :

R Pulv. carbo. ligni	̄iij.
Iodoformi	gr. xv.
Naphthalini	gr. lxxv.
Glycerini	̄vj.
Beef-peptone	̄jiss.

M. Sig. : A teaspoonful every two hours in one-third glass of water
—*North American Practitioner*.

The Better Known, The More Approved

The simplicity of the combination is not more important than the method of obtaining the laxative principles of Senna to combine with aromatic carminatives, pure white sugar, water, and a small quantity of the juice or soluble substance of figs, to form the family laxative manufactured by the California Fig Syrup Co., and known to the medical profession by the fanciful name : : :

Syrup of Figs

given to the preparation to distinguish it from all other laxatives. The high standing of the managers of the California Fig Syrup Co. with the medical profession, and its special facilities for manufacturing a perfect laxative, guarantee to physicians the excellence of this product. : : : : : : : : : : :

It is never sold in bulk, but in original packages only, which retail at 25 cents per bottle. Physicians wishing to prescribe "Syrup of Figs" may prevent substitutes by having their patients note the name of the California Fig Syrup Co. on the package.

CALIFORNIA FIG SYRUP CO., San Francisco, Cal.; Louisville, Ky.; New York, N. Y.

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LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.

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LISTERINE is taken as the standard of antiseptic preparations: The imitators all say, "It is something like LISTERINE."

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LITHIATED
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A valuable Renal Alterative and Anti Lithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.

DESCRIPTIVE LITERATURE UPON APPLICATION.

LAMBERT PHARMACAL COMPANY, ST. LOUIS

THE CANADIAN MEDICAL REVIEW.

OBSTINATE NOSE-BLEED.—In refractory cases of epistaxis, Rougier tampons the posterior nares with cotton impregnated with

R Benzoic acid	gr. xxv.
Tannic acid	gr. xxv.
Carbolic acid	gr. xxv.
Flexible collodion	ʒj.

—*Western Druggist.*

ANÆSTHETICS.—The subsequent history of the men who introduced anæsthesia is instructive—and encouraging. Wells, after his failure at Boston, went home disheartened, and was long ill and unable to practise his profession. He gave up dentistry and went into picture dealing. He tried to get some reward for the priority of discovery, but was constantly disappointed, and finally committed suicide. Twenty years afterward his statue was set up in Hartford; and five years later, his widow being destitute, a subscription was raised on her behalf. Dr. Long lived quietly and little known till 1878, when he died. He received no reward nor honor of any kind. Jackson was equally unsuccessful in his endeavors to obtain recognition, and finally ended his days in a lunatic asylum. Simpson was made a baronet; had a statue erected to him in Edinburgh, and a bust in Westminster Abbey.—*William Murrell, in Manual of Pharmacology and Therapeutics.*

THE CRAZE FOR OPERATING.—Some surgeons think they are undeserving of their calling unless they can point with pride to case books filled with the records of operations and jars filled with various organs, while too often graves are filled with their patients. It is not so much the technical skill and the modern instruments that make a surgeon celebrated as it is his good judgment and ability to forecast a prognosis which shall stand after the operation. It is well known everywhere that many unnecessary operations are done, organs removed and exploratory laparotomies performed partly for the patient's good and partly to add to the surgeon's statistics. An item is going the rounds of the medical press to the effect that a man who is in constant fear of becoming unconscious on the street and being carried to a hospital and operated on before a diagnosis has been made, wears sewed in a conspicuous place on his underclothes the inscription, "My appendix has been cut out," thus insuring himself against an operation for appendicitis. This is probably the invention of some witty newspaper man, but it has its moral. Operations for diagnosis should not be undertaken without the best counsel, and then not without some deliberation.—*Maryland Medical Journal.*

WYETH'S LIQUID MALT EXTRACT

Contains all the nutritive virtues of the best Malt Liquors, while it is free from the stimulating effect which invariably follows their administration.

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Under date Oct. 6th, 1896, says:

"I have for a number of years freely prescribed WYETH'S LIQUID MALT EXTRACT, and it always gives the results expected and desired."

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Promotes Circulation in those who Suffer from Chills,

Is a Strength Giver to the Weak.

PRICE TO PHYSICIANS, \$3.50 PER DOZEN BOTTLES.

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Fellows' Hypophosphites.

(SYR. HYPOPHOS. COMP. FELLOWS.)

To the Medical Profession :

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

- 1st. Unique harmony of ingredients suitable to the requirements of diseased blood.
- 2nd. Slightly Alkaline reaction, rendering it acceptable to almost every stomach.
- 3rd. Its agreeable flavor and convenient form as a Syrup.
- 4th. Its harmlessness under prolonged use.
- 5th. Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

Miscellaneous.

SANMETTO IN BRIGHT'S DISEASE.—I have been using Sanmetto in my practice for two years or more, and am nearly always well pleased with its effects. Have had splendid success with it in Bright's disease, sometimes using it alone and at other times in connection with digitalis.

H. GREEN, M.D., Shell, Ala.

A DESERVED EUROPEAN INDORSEMENT.—*Health*, a weekly journal of medicine and surgery, diet and sanitary science, London, Eng., says editorially: "We have received from the Antikamnia Chemical Company, St. Louis, Mo., U.S.A., a brochure dealing with the action, history, indications and administration of their preparation, anti-kamnia. There is no remedy so useful and attended with such satisfactory results in the treatment of melancholia with vaso-motor disturbances, anæmic headaches, emotional distress, and active delusions of apprehension and distrust; and it also increases the appetite and arterial tension, and promotes digestion, as well as being particularly serviceable in relieving the persistent headache which accompanies nervousness. In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, it is of peculiar service. In angina pectoris this drug has a beneficial action; it relieves the pain and distress in many cases, even when amyl nitrite and nitro-glycerine have failed entirely. In pseudo-angina, frequently observed in hysterical women, its action is all that can be desired. To patients who suffer from irritable or weak heart, needing at times a pain reliever, it can be taken without untoward after-effects, knowing that the heart is being fortified. It increases the elimination of urea and purifies the blood without increasing the destructive tissue metamorphosis. It lessens coma and loud delirium by contracting the capillaries of the brain. In delirium tremens, it relieves when there is great restlessness with insomnia, as well as general lowering of the nervous power."

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Instantly Prepared.
Most Convenient.
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able for the Patient.**



FIG. 5.

S. CHAPIREAU,

**14 Rue de la Perle,
PARIS, FRANCE.**

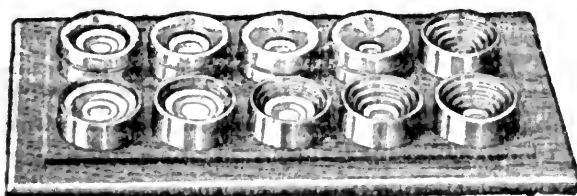


FIG. 1.

sists of a small cabinet, upon the underside of the lid of which are fastened 10 nickel-plated moulds (Fig. 1). The lower halves of the cachets are placed in these moulds, and "fillers" (Fig. 2) are slipped over the top to insure the even filling of the cachet. Graduated compressors (Fig. 3) are then applied to force the powder into the cachet.

Holders (Fig. 4) are used to pick up the upper part of the cachet, and for moistening and joining to the lower half. An automatic handle (Fig. 5) is used for handling the holders and ejecting the filled cachet. Fig. 6 is a water cup used for moistening the edges of the cachets.



FIG. 4.



FIG. 2.

FIG. 3.



FIG. 3.

No. 0



No. 1



No. 2



No. 2 *bis* Same size as No. 2, but a trifle deeper.

No. 3



Prices for Cachets "S. Chapireau."

- No. 0. — \$1.25 per box of one thousand waters or cachets (500 complete).
- No. 1 — 1.25 per box of one thousand waters or cachets (500 complete).
- No. 2. — 1.35 per box of one thousand waters or cachets (500 complete).
- No. 2 *bis* — 1.35 per box of one thousand waters or cachets (500 complete).
- No. 3. — 1.50 per box of one thousand waters or cachets (500 complete).

Ex Store Toronto. Under \$10, net 30 days or 4% cash 10 days. Over \$10, 30 days less 3% or cash less 4%.
Samples furnished on application.

Cacheteur, No. 1, having 12 moulds, \$10.50; No. 2, having 10 moulds, \$7.00; No. 3, having 6 moulds, \$5.00.

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Anti-diphtheritic Serum

[ANTITOXIN]

Our Serum is absolutely sterile, and is put up in hermetically sealed glass bulbs. It is strictly fresh when it leaves the Laboratory, as we only keep a small quantity in stock, for we believe it is better to keep the horses well immunized, and draw from them as occasion demands.

Only young and carefully examined horses are used for producing the antitoxin. And we have never yet had reported a case of sudden death following the use of our Serum.

Our Serum has been officially examined and approved by the following State Boards of Health: Michigan, Massachusetts, Pennsylvania, California, and by the Ontario Board of Health; also by other important Boards of Health in the United States and Canada.

FOUR GRADES OF STRENGTH.

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Special Note. The serums we are now producing are from three to five times as strong as could be had a year ago, and we expect to still further increase their strength. For this reason we list the serums according to the number of units and not according to bulk. The quantity to be injected is now only from 1 to 5 cc.

We also supply serums for tetanus, tuberculosis, and streptococcus diseases, as well as Coley's Mixture and the toxins of erysipelas and prodigiosus. We prepare different culture media, microscopic slides of disease germs, etc., a description of which will be furnished upon application.

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MAY, 1897.

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VOL. V.

TORONTO, MAY, 1897.

No. 5

Original Communications.

Notes on a Case of Concurrent Scarlatina and Enterica.*

By FREDERICK FENTON, M.D., C.M.

Demonstrator of Histology, Trinity Medical College.

GENTLEMEN,—The case of which I have notes came under my care during the summer of 1894, but I refrained from publishing it, being unable to find any similar case reported, and inclined to doubt the possibility of two such serious infective diseases developing in any individual at the same time.

In the *British Medical Journal* of January 16th, Dr. E. MacDowell Cosgrave records five cases of concurrent scarlatina and enterica which occurred in Cork Street Fever Hospital during 1895-96, and mentions some seven cases which have been recorded by other observers.

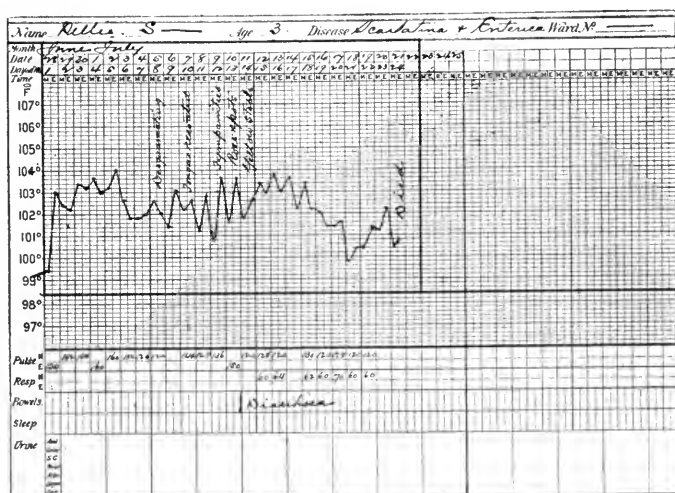
This patient, a girl of three years, was exposed to scarlatina in company with her sister on June 15th. She became ill with vomiting,

* Read at meeting of Toronto Clinical Society.

sore throat, headache, etc., on June 20th; her pulse was rapid (120), temperature 100° , and tongue coated with white fur.

Next day (21st) throat was still very sore and there was some slight enlargement of the cervical glands; her tongue was beginning to clean from the tip, leaving the reddened papillæ very prominent; the pulse was still rapid but no rash had developed, and her temperature was normal. During the rest of the week no change in her condition occurred other than a gradual return to the normal pulse rate, and a complete clearing of the tongue, leaving prominent the swollen and reddened papillæ.

On the morning of the 22nd her sister was taken ill with the same initial symptoms, and subsequently passed through an ordinary attack of scarlatina.



On the 27th the first child again became ill, being irritable and restless, and having some headache and vomiting; temperature 99.3° . Next morning her throat was sore and pulse rapid (144). The tongue did not become recoated, but retained its red strawberry appearance. Towards evening the typical scarlatinal eruption made its appearance on the chest and quickly extended over the whole body; temperature 103° . The subsequent range of temperature and pulse rate are best described on the accompanying chart.

But for very severe cervical adenitis the case was uneventful till the end of the first week, when the temperature, which had fallen to 100.4° , began very gradually to ascend. The child became dull and listless with delirium at night, and the bowels were inclined to be loose.

On July 5th, or eighth day of disease, desquamation began. The cervical glands were incised on July 7th but no pus was found, and no relief to symptoms obtained. The tongue became recoated with a dirty yellowish fur, leaving the sides, tip and centre clean; a slight cough developed and abdomen became markedly tympanitic.

On July 10th rose spots were found on abdomen, chest and arms. The cough now became very troublesome, and on examination marked consolidation was found at base of left lung with bronchial breathing and moist rales. A second incision was made into glands of neck on July 15th, when about an ounce of watery pus was evacuated.

On July 18th the temperature, which had been gradually falling, reached 99.4°, when unfortunately the weather became most oppressively hot and a choleraic diarrhoea accompanied by hæmorrhage set in and the child died on the 21st, being twenty-four days from the beginning of the second, and thirty-one from the first occurrence of initial symptoms of scarlatina. Unfortunately I was unable to obtain consent to a post-mortem examination to verify the diagnosis.

There are one or two points in this case to which I would like to draw attention :—

1. The occurrence of initial symptoms of scarlatina five days after exposure, not followed by a rash or elevated temperature, and the complete relapse of these symptoms, with the exception of the white tongue, one week later, this time being followed by the ordinary symptoms of the disease.

2. The rose spots of enterica first appearing on the tenth day of July make it probable that the disease began during the first three days of July, and places the date of infection, probably, between the 15th and 20th days of June, or within a day or two of the time when exposure to scarlatina was known to have occurred. Thus the two diseases were *probably* in the stage of incubation between the 20th and 27th days of June, and *possibly* from the 15th to 27th, for, as we have seen, the typical scarlatinal eruption did not appear till the 28th.

3. Scarlatina beginning on June 28th would usually have completed its course by the 6th or 7th of July, and, as mentioned above, typhoid probably began between the 1st and 3rd; for several days the two diseases ran concurrently.

There are, I am ready to admit, circumstances connected with the case which cast a doubt upon the diagnosis:

- 1st. The sister taking ill on the 22nd makes it possible that this child received her infection at that time, the disease developing five days later; the first illness being merely one of those febrile attacks to which children are so liable.

With regard to the second attack, however, I think there can be no doubt, if there be anything in clinical history at all as a means of diagnosis.

Again, the fact of the occurrence of marked consolidation of the base of one lung and suppuration of cervical glands might, I suppose, explain the continuance of fever, and it is to get an expression of opinion on this point that I have brought the notes of the case before you to-night.

61 Charles St., Toronto.

THE TREATMENT OF NEURALGIA.—The following application is recommended (*Jour. de Med. de Paris*):

R Menthol }āā 15 grains.
 Guaiacol }
 Absolute alcohol..... 5 drachms.

A small quantity of this mixture is gently rubbed over the painful spot, which is then covered by a piece of cotton. This can be repeated two or three times in the twenty-four hours.—*Therapeutic Gazette*.

THE BABY'S BATH.—The hand is an unsafe guide by which to determine the temperature of the water. This should always be determined by the thermometer. A bath thermometer should, therefore, be a part of the equipment of every nursery. This consists of any ordinary thermometer of large size, set in a wooden case. The following table shows the proper temperature of the bath for various periods during the first two years:

TEMPERATURE OF THE BATH AT DIFFERENT AGES.

At birth.....	100° F.
During first month.....	97° F.
One to six months.....	95° F.
Six to twelve months.....	90° F.
One to two years.....	86° F.

Soap employed for the baby's bath is of importance. Soap containing an excess of alkali may seriously irritate a child's delicate skin and predispose it to erythema or eczema. The best grade of white castile soap is the most suitable for baby's use. The oatmeal soap of a good make, may also be employed. Dr. Griffith regards the German soap known as Basis Seife as the best. It can be obtained through most druggists. A dusting powder is not necessary when the skin is in normal condition and is properly dried after the bath. One of the chief objections to its use is the fact that nurses are prone to rely upon it, instead of taking proper care in drying the surface. When properly used there can be no objection to it.—*M. A. Practitioner*.

Society Reports.

Toronto Medical Society.

THE regular meeting of the Society was held on the 25th of March, in the Council building. President, Dr. Wilson, in the chair.

Two thousand Gall-Stones.—Dr. J. F. W. Ross presented a large number (probably two thousand) of gall-stones which he had removed on the date of the meeting from a clergyman. The calculi varied in size from a grain of sand up to a small bean. They were black in color and faceted. The patient had been prepared for operation before at Johns Hopkins, but as his colicky attack passed away upon the administration of olive oil and the phosphate of soda, operation was deferred. On the 21st ult., the patient had a sharp attack of colic—the two hundredth—and was anxious for operation. The attacks latterly had been accompanied by fever and jaundice. Dr. Ross described the technique of the operation. The stones were partly removed with a scoop and partly washed out. The gall-bladder was fastened into the wound and a drainage tube inserted. The case was progressing favorably at the time of reporting.

Safety-pin in the Stomach.—The second case reported by Dr. Ross was that of an hysterical girl who had swallowed a safety pin two and a-half inches in length and opened. She thought she felt it stick in her esophagus twice before reaching the stomach. The question among the medical men attending the case was, whether the girl was telling the truth or not. But as the pain seemed intense, and the retching was constant, and there was continuous spasm of the diaphragm, operation was done. The stomach was opened, and the pin was found sticking in the anterior wall. It was removed. A good recovery was anticipated.

Dr. Macdonald said that if the stream of water was directed well down into the bladder the gall-stones would be washed out, thus avoiding the necessity for using the scoop. He had used the scoop when he had inadvertently left his irrigating apparatus at home. With reference to the second case reported, he thought that the X-rays would be of great service in establishing a diagnosis.

Dr. Greig asked what prevented the small gall stones from passing into the duodenum. He asked if, in the second case, it were not possible that the pin might have passed if left alone. Would it not

be better to allow it to do so if skilled assistance were not obtainable? The circumstances he believed justified in operating by Dr. Ross.

Dr. Palmer advised that where such cases fell into the hands of the general practitioner he should always call in the abdominal surgeon.

Dr. Ross replied.

Treatment of Abortion.—Dr. Albert A. Macdonald read a paper on "Treatment of Abortion." He prefaced his paper by drawing attention to the text-book difference between abortion, miscarriage and premature labor. His paper referred to the first, the treatment of inevitable abortion before the fourth month. It was necessary to keep the causes in mind. These might be attributed to disease in the man or wife, disease of the uterus, appendages, or in the ovum itself. Excitement, fatigue, traumatism, were other causes. Then it might be brought on artificially with criminal intent. In such cases where the ovum was expelled intact the most that could be done was to keep the genital tract clean; there was usually little hæmorrhage. It was astonishing how far a patient might go towards an abortion, provided there was no diseased condition of the uterus, membranes or foetus, and then recover. The cardinal point in the treatment of cases was complete rest. Viburnum had been highly spoken of, but his experience with the drug had not been gratifying. Pot. chlor. had in one case seemed to give good results. All displacements should be corrected. When the symptoms of pain, uterine contraction, and hæmorrhage continue, abortion would inevitably take place. As long as the ovum remained in the neck there would be no bleeding; but as soon as the sac ruptured there would be hæmorrhage. Active treatment, then, was called for, the antiseptic douche, dilatation of the cervix, curettement, and possibly tamponage, as the case required. The essayist discussed the technique of curettement in these cases. His preference was for an irrigating curette, which, with some others and a Kelly's cystoscope which he used for tamponing, he passed around for examination. For curetting, the patient should be thoroughly anæsthetized, and the work done most thoroughly under strict antiseptic precautions. He found the tenaculum useful in drawing down and steadying the uterus during the operation. The gauze tampon might be left in six days. The patient should be carefully watched..

Dr. A. W. Wright said that he agreed with everything Dr. Macdonald had said in his paper. He believed chlorate of potash in say ten grain doses did have an effect in preventing abortion. Two doses daily would probably be sufficient. Where there was pain and hæmorrhage there was nothing better than complete rest and the

administration of opiates. He was not able to say whether viburnum was of any use or not. He always gave it, combined with opium. He did not know what influence it had. In one case he had treated a uterine hæmorrhage for weeks, suspecting for a time the patient was pregnant. He then gave up that idea, thinking he was mistaken. Lost sight of the patient for some time. She came under his notice again, being called to see her in labor. A fetus five months developed was expelled. Another patient had been married eight years; she suspected she was pregnant. In about the third month hæmorrhage came on. It was very severe. She was confined to her bed for eleven weeks. She had hæmorrhage, according to her story, more or less severe during this time. In parenthesis the doctor stated that hæmorrhage during abortion threatening was not usually severe; but hæmorrhage for a long time, even in small quantities, would cause great prostration. The medical man who attended her in Montreal before he saw her said that she had a false conception. Shortly after the hæmorrhage stopped she came to Toronto. The question was, was she pregnant? She thought it was not possible. There was an enlargement of the abdomen. In the course of time she gave birth to a healthy child. The woman had been worried so with doubts as to her condition that she was only fully convinced when she heard the cries of the child on delivery. After abortion was found to be inevitable another line of treatment than the one pursued should be followed. Then the uterus must be cleaned out as soon as possible, and as the reader of the paper had said, there was no better instrument than the clean finger usually. But if the hæmorrhage was severe, and the os was undilated, what was to be done? He thought there was nothing better than the old fashioned tampon. Of course the New York school, if he might so use the expression, was in favor of other measures, they did not believe in that. The believe in immediate dilatation and emptying of the uterus. He was not prepared to teach students that; he would not recommend practitioners to do that. But there were certain cases where they dare not delay. Where the hæmorrhage was exhausting the patient, or there were symptoms of septicæmia, the uterus should be emptied as quickly as possible and then cleansed. The spoon presented by the reader of the paper was about the right size for abortions; for curetting the uterus at full term a larger one should be used. He had tried the irrigating curette, but had given up its use. One disadvantage it had was its inflexibility. He felt that it was a little dangerous on that account. If one made an examination and found the membranes were not ruptured,

say in the second month or early in the third, where the egg was intact, with practically no after-birth—this was the class of case which should be interfered with as little as possible. The egg acts as a plug to prevent the bleeding. If left alone and ergot administered, the uterus would likely empty itself. During the first three or four months the influence of ergot was to expel anything in the uterus. After that he thought the action different; it tended to tetanic spasm and to some extent prevented the expulsion of the contents of the uterus. The doctor said that if one had introduced his finger into the uterus and found there were contents he could not get at unaided, it was most important that an assistant should be sent for, chloroform administered, and the work of emptying the uterus done thoroughly, and as quickly as possible, and under the strictest antiseptic precautions.

Dr. J. F. W. Ross said there was not the slightest doubt but that abortion could be prevented if it were not due to syphilis. If syphilis were the cause, the administration of iodide of potash would tend to check abortion. He cited cases which showed this to be the case. In cases due to endometritis it was necessary to treat that condition. He thought the chlorate of potash administered did good. He had called attention in a recent paper to the differential diagnosis between threatened abortion, gonorrhœal endometritis and ruptured ectopic gestation. He cited the history of a case where pregnancy was associated with a pelvic tumor which produced miscarriage. The case was a serious one; it was with great difficulty that the uterus was emptied. In cases where criminal abortion had been tried, he usually advised, where there was a high fever and rapid pulse, the cervix being undilated, that the uterus be left alone. He believed medical men should not burden themselves with the responsibility. The doctor said he had found the placental forceps serviceable in some cases.

Dr. Forfar said that his method was first to prepare the patient under chloroform by washing the vulva with green soap, to scrub parts with a nail brush, wash out the vagina with the tincture of green soap first, then thoroughly with a solution of 1-4000 bichloride solution; dilate the os with Hank's dilators until the reflow catheter can be inserted to wash out the uterus, then curette, going over the surface of the endometrium twice; then wash again, then insert a canula and introduce a ten per cent. drain of iodoform gauze, tying a string to the gauze to facilitate its removal.

Dr. W. J. Greig said he supposed that in cases where the fœtus was delivered, the cord separated, the placenta retained with a contracted

os, the proper method was to give chloroform, to dilate the os, and remove the placenta, using antiseptic precautions. In certain cases the forceps would not bring everything away; and in cases it was difficult to dilate the os. He had found the dilators often did not work satisfactorily. His method was to plug the vagina with an antiseptic plug and give large doses of quinine. Sometimes he administered good doses of sulphate of magnesia. A number of times he had removed the placenta in that way without any particular difficulty.

Dr. W. J. Wilson said he had given the chlorate of potash with good results in a few cases. In cases where the dead fetus was seemingly about to be expelled, he had been able, by administering this drug, to carry the woman over some months, and have the child come all right. The last time he had given chlorate of potash the woman developed albuminuria. He was not sure whether the drug had anything to do with it or not. For scraping out the uterus he had used the dull curette, but had found that even after he had gone over the ground carefully, yet in the course of a week or two he had noticed pieces of the after-birth come away. That had made him doubtful of the good effects of the dull curette; he much preferred to get his finger in, the patient being under chloroform. He could then explore the whole interior. He had given ergot as a routine treatment.

Dr. Macdonald, in replying, said he did not advise packing in every case; it was not necessary for the purpose of restraining hemorrhage even every time. It was necessary sometimes for that purpose. Especially was this true in cases of uterine engorgement, caused say by heart disease, such as mitral stenosis. He had had such cases where the hemorrhage was truly alarming. Packing was absolutely necessary. He did not use a curette any duller than the one presented, which he found worked satisfactorily. Each operator became accustomed to his own instrument. The doctor reported a case where a small portion of placenta left behind had caused hemorrhage for months. It was easily detected and removed by the curette under chloroform, with complete subsidence of the hemorrhage. In such a case as Dr. Greig described he thought under the chloroform the finger might act as a satisfactory dilator. In regard to that class in which syphilis was the causative agent, he thought prevention was the point in the treatment. No man who had syphilis should marry until his medical adviser gave permission. He had not found the placental forceps very satisfactory.

Dr. Jas. MacCallum read a paper on "Hysterical Deafness." It was discussed by Dr. Palmer.

The Society then adjourned.

Editorials.

British Medical Association.

THE sixty-fifth annual meeting of the British Medical Association will be held in Montreal, Tuesday, Wednesday, Thursday and Friday, August 31st, September 1st, 2nd and 3rd, 1897.

PRELIMINARY PROGRAMME.

President, Henry Barnes, M.D., M.R.C.S., F.R.S.E., J.P., Physician Cumberland Infirmary, Carlisle.

President-elect, T. G. Roddick, M.D., M.P., Professor of Surgery in McGill University, Montreal.

President of the Council, Robert Saunby, M.D., F.R.C.P., 83A Edmund Street, Birmingham.

Treasurer, Charles Parsons, M.D., Dover.

Addresses will be delivered as follows: Medicine, Dr. W. Osler, F.R.C.P., Professor of Medicine in the Johns Hopkins University, Baltimore, U.S.A. Surgery, Mr. William Mitchell Banks, F.R.C.S., Surgeon to the Liverpool Royal Infirmary. Public Medicine, Dr. Herman M. Briggs. The scientific business of the meeting will be conducted in eleven sections, as follows, namely: Section A., Medicine.—President, Stephen Mackenzie, M.D., London. Section B., Surgery.—President, Christopher Heath, F.R.C.S., London. Section C., Public Medicine.—President, E. P. Lachapelle, M.D., Montreal. Section D., Obstetrics and Gynæcology.—President, William Japp Sinclair, M.D., Manchester. Section E., Pharmacology and Therapeutics.—President, D. J. Leech, M.D., Manchester. Section F., Pathology and Bacteriology.—President, Watson Cheyne, F.R.C.S., F.R.S., London. Section G., Psychology.—President, R. M. Bucke, M.D., London, Ont. Section H., Ophthalmology.—President, Edward Nettleship, F.R.C.S., London. Section I., Laryngology and Otology.—President, Grenville Macdonald, M.D., London. Section J., Anatomy and Physiology.—President, Augustus D. Waller, M.D., F.R.S., London. Section K., Dermatology.—President, Malcolm Morris, F.R.C.S.Ed., London.

Following is the programme:

Tuesday, August 31st—10 a.m., Cathedral Service; 11.30 a.m., Address by the President-elect, Dr. T. G. Roddick; 2.30 p.m., Address in Medicine by Dr. Wm. Osler; 4 p.m., Garden Parties, etc.; 9 p.m., Soiree at Laval University.

Wednesday, September 1st—10 a.m., Opening of Sections ; 3 p.m., Address in Surgery, by Mr. W. Mitchell Banks ; 4.15 p.m., Excursion down the St. Lawrence, etc. ; 9 p.m., Reception.

Thursday, September 2nd—9.30 a.m., Sectional Meetings ; 3 p.m., Address in Public Medicine, by Dr. Herman M. Briggs ; 4.30 p.m., Excursion across the Island ; 7.45 p.m., Annual Dinner.

Friday, September 3rd—9.30 a.m., Sectional Meetings ; 1.30 p.m., Lunch on the Mountain ; 3.30 p.m., Concluding General Meeting ; 4 p.m., Excursions, Garden Parties, etc. ; 9 p.m., Soiree at McGill University.

Saturday, September 4th—Excursions, etc.

With a programme such as the above the success of the meeting is already assured.

Medical Council Representation.

THE death of Dr. Rosebrugh, who sat in the Medical Council as representative of Victoria University, has rendered an office vacant, which ought not to have existed, and brings naturally forward the fact that another institution, which does not now exist, continues to swell the numbers of the Medical Council. Of course we mean the Toronto Medical School, which went out of business ten years ago. The cry throughout the length and breadth of the Province is, that the Council is too large a body.

Before the next meeting something should be done to reduce the membership. A favorable opportunity appears to present itself at this juncture to consider the question of right of a defunct medical school, and a University that neither teaches medicine nor grants degrees having representation in this body. Will not some member agitate this subject ?

Amalgamation of Medical Colleges.

WE notice by the *Medical Record* and *New York Medical Journal* of recent dates, that the Bellevue Hospital Medical College has joined forces with the Medical Department of the New York University. This is as it ought to be. In Canada and the United States there have been far too many medical colleges. It is now high time that some steps were being taken to correct this evil. The fact that an old and popular medical college like the Bellevue Hospital College

can see its way clear to give up its autonomy is going a long way towards a solution of the problem that there are far too many medical colleges.

Whether the motives leading up to such an important change were selfish ones or not, matters nothing to the main question. The fact that must stand out above all others is the one that two such strong colleges have united. The results of such an action on the future history of medicine in the United States cannot be over-estimated. It is pointing out the course that will, no doubt, in due time, be followed by other colleges. Why there should be two or three to a dozen or more medical colleges in cities like Buffalo, New York, Baltimore, Philadelphia, Chicago, St. Louis, Detroit and Cincinnati, no one could give a better answer than that they were started in the first place by some one out of purely personal ambition, or to promote personal ends.

The whole study of medicine has undergone great changes during the past fifteen years. A small college, lacking in appliances, defective in clinical material, improperly manned as to staff, can no longer meet the requirements of the present day. The student who graduates from one of these inferior colleges finds that he has not had the necessary opportunities, and must forthwith go to some place more efficiently managed. Would it not have been better to have gone to a good centre of education when he began his medical studies? Instead of finishing off with a short period in some college of high standing, it would have been of much more value to him to have spent his entire college career in a college of the highest possible attainments. When we are looking into life work, and what it all means, we must be thorough and we must be practical.

It would, along the above lines of argument, be hard to show why there are three medical colleges in Toronto, three in Montreal, one in London, one in Winnipeg, one in Halifax and one in Kingston. Too many medical colleges, with all the rivalry and competition that they cause, and a strong tendency to lower the standard in order to catch the ill-prepared or lazy students, have done much to overcrowd the medical profession. It is not going too far to say that in the past, and to a great extent at the present, they have been and are little less than diploma mills. It is true the student has to attend so many lectures, is supposed to read a certain number of books, and spend a certain number of years on the work; but, all said and done, the great desideratum is the fees he pays. This being duly attended to, there is not much fear but that the diploma will be forthcoming.

We are quite conscious as we write that these views will call forth

the shout to arms! to arms! from the college men, or at least some of them; but we are speaking in the interest of the medical practitioner of to-day, and the student of the future. Reforms must always hurt some one, yet reforms must be made. When a medical college will issue such a circular as the following, it shows the bid that is being made for students. When these circulars are returned duly filled, no doubt great attention will be paid these prospective medicos, both by announcement and letter.

TRINITY MEDICAL COLLEGE.

Please enter on this form, name and address of gentlemen who to your knowledge have the study of medicine in view.

Mr.
 Post Office. Box.
 Street, No.

Mr.
 Post Office. Box.
 Street, No.

Mr.
 Post Office. Box.
 Street, No.

Mr.
 Post Office. Box.
 Street, No.

Date. 18

The above names and addresses were written by

.....

We think we are not saying one word beyond the truth when we say that if the medical colleges did nothing for the next five years but finish the tuition of the students now attending the medical colleges, it would be a good thing both for the profession and the people. True, the professor might not receive as much at the end of the year; but what of this when the great bulk of the profession would be the gainer, and none more than the present and future students. Once more we call the attention of the medical profession to the influence in its possession by advising young men to do something else with their time and money than spending them at a medical college.

WE notice that one of our "leading daily papers," the *Mail and Empire*, is distributing free samples of kidney pills, etc. We suppose that their general news items are at least as reliable as their advertisements. In some countries newspapers are made responsible for lies told in their columns by advertisers.

SCHOOL JOURNALS.—We notice in the April number of the *Canada Lancet* an editorial in which exception is taken to the use of the term "School journals" by the MEDICAL REVIEW. The REVIEW has nothing to retract nor fear. We are of the opinion that when any medical practitioner takes up the *Canada Lancet* and finds that fourteen of the staff of Trinity Medical College are on the staff of the *Lancet*, he will agree with us that it may fairly be called a "School journal." If it be not a "School journal," we ask it to repudiate the circular, in the interests of the medical profession, which we publish in another column. We regard the term "School journal" as appropriate to more than one publication in this country.

ONTARIO MEDICAL ASSOCIATION.—This is the list of papers promised already for the coming meeting: Discussion of "The Present Status of the Radical Cure of Hernia," led by G. A. Bingham, Toronto; "Serum Therapy in Medicine," led by J. L. Davison, Toronto; "Albuminuria of Pregnancy," led by R. W. Garratt, Kingston, followed by G. Gordon, Toronto. "The Clinical Value of Inflation of the Stomach," H. Elsner, Syracuse, N.Y.; "The Treatment of Ulcers," Seneca D. Powell, New York City; "Nevo-motor Dyspepsia," H. J. Hamilton, Toronto; "Treatment of Eclampsia," W. J. Wilson, Toronto; "Report of Case," J. W. S. McCulloch, Alliston; "Injury to the Spinal Cord," report of cases, G. A. Peters, Toronto; "Remarks on Modern Therapeutics," J. T. Fotheringham, Toronto; "Streptomycosis," J. C. O. Hastings, Toronto; "A Case of Gangrene of the Rectum," L. Teskey, Toronto; "Two Unnamed Diseases," James Samson, Windsor; Paper by B. E. McKenzie and H. P. H. Galloway; "A Severe Case of Gonorrhœal Irido-Cystitis," G. A. Burnham, Toronto; "Report of a Case in Midwifery," J. Arthur Williams, Ingersoll; "Pain and Some of its Aspects," D. C. Meyers, Toronto; Paper by A. Hanks, Blenheim; "The Cottage Sanitarium Treatment of Pulmonary Phthisis," N. A. Powell, Toronto; "Should the Medical Profession of Ontario be Self-Governed?" J. W. McLaughlin, Bowmanville; "Abscess of the Lung," report of case, J. S. Hart, Toronto; "A Plea for Radical Operation for Hernia

Among the Insane," A. T. Hobbs, London; "The Value of Aseptic Methods in the Treatment of Pus Cavities," A. Primrose, Toronto; "Tuberculosis of the Liver," R. W. Whiteman, Shakespeare; "Pneumonic Infection," H. B. Anderson, Toronto; "Leucocytosis," H. W. Parsons, Toronto; "Experience with Gall-Stones," J. F. W. Ross, Toronto; "Pathological Card Specimens," W. Oldright, Toronto; "Experiences with the Schott Treatment of Heart Disease," H. Walker, Toronto.

Results of Examinations.

TRINITY UNIVERSITY, M.D., C.M.

J. S. McEachern, gold medal and certificate of honor.

M. MacGregor, silver medal and certificate of honor.

Passed: F. A. Scott, R. W. Large, E. S. Worthington, C. N. Callander, C. J. Copp and A. J. Brown (equal), W. N. G. Aspland and G. Cairns and H. Maw (equal), C. A. Campbell, J. G. Clarke, S. Moore, W. L. Post, R. W. Percy, P. H. Morgan, T. A. McCormick, R. T. Rutherford, N. E. Farewell, C. M. Stewart, R. B. Chisholm, J. A. Butler, J. Shuttes, G. G. Newberry, W. Hackney, A. F. Oakley, P. A. Lewis, G. H. Wade, Miss A. M. McFee, W. M. Pirt, J. M. Pearson, R. Mackenzie, W. E. Graham, J. B. Wilson, A. G. Ludwig, Miss K. L. Buck, A. A. Ross, R. B. J. Stanbury, E. P. Kelly, H. D. Weaver, T. M. Hart, J. A. Jackson, W. T. Rush, W. H. Field, Miss H. M. Cockburn, P. Bradley, R. Spear, H. O. Boyd, Miss L. E. Armstrong, J. J. Langford, T. A. Young, W. T. Yeo, H. V. McNaught, G. R. Clemes, J. N. Livingstone, H. J. Le Barre, J. A. Deyall, W. Brent, H. E. Shaver, W. C. Pousette, W. R. Alway, J. H. McConnell, J. C. Richardson, C. C. Stanbury, J. A. Tanner

GRADUATES IN MEDICINE, QUEEN'S UNIVERSITY.

The following gentlemen, having passed all the examinations and fulfilled all the other requirements, have been granted the degree M.D., C.M.: P. G. Bannister, V. Barber, A. W. Bellamy, W. E. Carscallen, H. E. M. Douglass, J. Dunning, C. B. Dyde, B.A., S. H. Gould, B.A., J. Harty, F. L. Hill, F. G. Huffman, A. S. Knight, W. G. Kelly, A. Letellier, G. W. Mylks, J. H. McArthur, A. W. P. A. McArthur, M. F. McDermott, A. E. McLaren, D. B. Neish, A. E. Ross, B.A., W. B. Scott, H. Walker, S. J. Drummond.

HALIFAX MEDICAL COLLEGE GRADUATES, 1897.

M.D., C.M.—Robert Grierson, Martha M. Brown, Charles R. Gates, Alex. Fraser, H. A. Payzant, R. D. Bentley, V. C. Dorman, E. E. Bissett.

MCGILL UNIVERSITY, FACULTY OF MEDICINE.

The following gentlemen, seventy-six in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University: J. Barclay, W. K. Brown, C. L. Brown, B.A., R. H. Burrell, B.A., I. G. Campbell, D.V.S., S. L. Clindinin, T. J. J. Curran, F. W. Delmage, B.A., J. J. Doyle, W. R. Dunbar, E. M. Von Eberts, G. M. Foster, A. L. Foster, F. W. Gilday, G. S. Gordon, T. A. Gourley, C. C. Gurd, B.A., E. S. Harding, F. C. Harvey, E. W. Hayden, H. H. Hurdman, J. A. Johnston, W. Johnston, A. C. Jost, B.A., C. B. Keenan, R. A. Kerr, H. S. Kirby, I. H. Laidley, A. L. Laing, H. Lennon, B.A., J. R. LeTouzel, J. L. Lockary, H. F. Lyster, E. C. MacCallum, D. J. Macdonald, G. P. McDougall, J. G. McDougall, A. S. McElroy, F. W. McKinnon, A. A. McLennan, D. A. McLennan, W. P. McNally, J. D. McRae, W. R. McRae, N. Malloch, M. J. Maloney, E. A. Merkley, C. H. Morris, B.A., L. H. Morse, B.A., R. J. Midgley, J. A. Milburn, W. T. Pallister, A. J. Palmer, A. R. Pennoyer, A. A. Ritchie, G. C. Robert, H. M. Robertson, F. E. Rogers, J. J. Roy, W. T. Scott, A. A. Skeels, B.A., H. Smith, R. A. Smith, H. M. Stanfield, B.A., A. Sterling, G. R. Sutherland, J. A. Tierney, H. W. Thomas, J. E. Thomas, J. A. Thompson, F. W. Tozer, J. B. Trainor, F. R. Wainwright, S. F. A. Wainwright, E. J. Williams, B.A., F. W. E. Wilson.

ALBUMINURIA IN GONORRHOEA.—Colombini (*Suppl. al Policlinico*, 1897) has made a study of this subject in 372 patients suffering from acute gonorrhœa, 72 being complicated by epididymitis. In none of the cases had any drug been administered, and there was no evidence of cystitis or any disease likely to cause albuminuria. The pus was carefully filtered off and five different tests for albumin were applied to the filtered urine. Out of the 372 cases, albuminuria lasting from four to thirty days was found in 66, and of these 42 had epididymitis, 24 simple gonorrhœa. The author believes that an ascending nephritis could be excluded in his cases as also the influence of any drug, and on the whole he considers that the albuminuria was due to a process of general blenorrhagic infection, comparable to that which occurs in other infectious fevers.—*The British Medical Journal*.

Book Notices.

Lectures on Appendicitis and Notes on Other Subjects. By ROBERT T. MORRIS, A.M., M.D., Fellow of the New York Academy of Medicine, etc. Second edition, revised and enlarged. With illustrations by Henry Macdonald, M.D. G. P. Putnam's Sons, 27 West 23rd St., New York; 24 Bedford St., Strand, London. The Knickerbocker Press. 1897.

This collection of lectures includes the substance of the author's teaching on the subject of appendicitis at the Post Graduate Medical School in New York, and the series of notes on other subjects have been compiled chiefly from his contributions to various periodicals. Of the 169 pages in this work, 82 are devoted to four chapters on the appendix, as follows: (1) The Appendix Vermiformis Ceci; (2) Appendicitis; (3) Surgical Treatment of Appendicitis; (4) Subsequent Notes on Appendicitis. The first chapter in the book is entitled, "Preparation of Surgeon and Patient." The remainder of the work consists of short chapters, some of which we shall mention. The Action of Various Solvents on Gall Stones; A Last Resort Hernia Operation; The Reason why Patients Recover from Tuberculosis of the Peritoneum; The Drainage Wick; Endoscopic Tubes for Direct Inspection of the Interior of the Bladder and Uterus; Hysterectomy for Placenta Prævia; Mallet Finger; Is Evolution Trying to do away with the Clitoris? and many other notes of equal interest. The whole forms a very readable and instructive work, and deals with subjects commanding the attention of surgeons everywhere.

Don'ts for Consumptives, or The Scientific Management of Pulmonary Tuberculosis. How the pulmonary invalid may make and maintain a modern sanatorium of his home, with additional chapters descriptive of how every consumptive person may apply the forces of Nature to assist and hasten recovery; and, also, how the defects of heredity may be best overcome. By CHARLES WILSON INGRAHAM, M.D., Binghamton, N.Y.

This little book of 218 pages, issued during the past year (costing somewhere about one dollar, we would guess), should be in the hands (often) of every physician and every intelligent consumptive who is assisting his medical adviser in attempting the cure of his malady. It would not be a bad book to be in every reading household. Among the objects set forth in the prefatory note, we quote part of the fourth and fifth: "To educate the pulmonary invalid in the details pertaining to the absolute destruction of all infectious matter, that he

may not be of the slightest danger to others, . . . to give him a thorough understanding of the effects of tuberculosis upon the system, so that he may co-operate with his physician in an intelligent manner in the management of the disease.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Fifteenth year. New York: E. B. Treat, 241-243 West 23rd St.; 199 Clark St., Chicago. Price, \$2.75. 1897.

For busy practitioners there is no better return for the money in books than the Medical Annual, and that for 1897 is quite equal to any of its predecessors. The chapter on New Remedies alone is sufficient to find it a place on the table of every thoughtful physician who aspires to be abreast of the times. We desire to recommend this work highly to our readers, and are satisfied that perusal of its contents will fully endorse our recommendation.

Reference-Book of Practical Therapeutics, by various authors. Edited by FRANK P. FOSTER, M.D., Editor of the *New York Medical Journal*. Two volumes. New York: D. Appleton & Co. 1896.

We have received the first volume of (over 650 pages) this work.

It is essentially a book for the practitioner, and is an up-to-date work for reference. Only so much of the physiological properties of drugs, their chemical, mineralogical, botanical and zoological relations as is of direct bearing on their use in practice have been considered in the compilation of this work. As the author remarks, the "therapeutic nihilism" of a few years ago has been followed by a wave of over-activity; so nowadays he who undertakes to produce a work containing only such positive statements about remedies as rest upon a substantial basis assumes no little responsibility. But such names as Gerster, Howe, Jewett, Otis, Potter, Rice, Rohé, Solis-Cohen and Wyeth, who are among the contributors to this work, give assurance that the responsibility rests on men of close observation and sound judgment. In looking through the work one is pleased to note the thorough treatment of some of the newer remedies and therapeutic appliances. The coal-tar products, animal extracts, antitoxins, the bacteriotherapy, hypodermic medication, treatment by air, hydrotherapy, massage—these and many other subjects have been treated with much interest. The discussion of antiseptics is particularly good. Then, of course, there is an immense list of drugs which the average Canadian physician never uses, and, perhaps, never heard of; for he has, unlike the average American

physician, found out, without waiting for Holmes' twenty-year limit, that one drug will do for twenty diseases. The ambitious physician will be pleased with this work.

Genito-Urinary Surgery and Venereal Diseases. By J. WILLIAM WHITE, M.D., Professor of Clinical Surgery, University of Pennsylvania, and EDWARD MARTIN, M.D., Clinical Professor of Genito-Urinary Diseases, University of Pennsylvania. Illustrated with two hundred and forty-three engravings and seven colored plates. Philadelphia: J. B. Lippincott Company; London: 6 Henrietta Street, Covent Garden. Canadian Agent: Charles Roberts, 593A Cadieux Street, Montreal. Price, cloth, \$6.50; sheep, \$7.00; half russia, \$7.50.

This work is just from the press, so that it has the merit to begin with of being recent. When one sees a new work of over 1,000 pages upon a subject that has been so ably handled by many physicians and surgeons of high standing, the attention is arrested, and the curiosity aroused to examine the work with the view of ascertaining whether it contains any special justification for its appearance. The two names that stand as guarantors for its contents are certainly strong ones. Both are well known in Canada for the good work they have already done along the lines covered by this work. It is stating the case mildly indeed to say that their reputation as writers and surgeons cannot but be greatly advanced by the appearance of this work. It has been the reviewer's pleasure to look into the work with far more than the usual attention given to a work for such purposes. The result has been to leave the impression that scarcely anything could have that has not been well said. As a work of reference it is most complete. Of far more importance, however, than the fact of completeness, is the one of thoroughness. We venture to say that the critic will be captious indeed who finds fault with either the matter or the form in which it is expressed. With the view of making a careful test upon this point, ten pages were read with the most critical intent. In these pages there was not discovered a broken letter, a misspelt word, nor a wrongly used punctuation mark. The work covers the topics of gonorrhoea, in all its forms, syphilis and chancroids, and the diseases and surgical conditions such as calculus, stricture, castration, varicocele, etc. The book has a most complete index, which improves its usefulness as a work of reference. The paper, binding and illustrations are excellent. Taking all in all, we have not, on any subject, seen such a book in many a day, and on the subject to which it is specially devoted, we know of no other work so valuable, as the whole field is thoroughly covered.

Selections.

SUPPURATIVE OTITIS.—Discharge from the ear is always a symptom of serious import, because it so often indicates the presence of an abscess in the middle ear, which may eat through the thin, bony wall, and set up a fatal inflammation of the brain.—*Summary.*

CARBONATE OF SODA.—Thubert (*These de Paris*, No. 39, 1896-97) points out that, much in the same way as calomel is changed in corrosive sublimate, so the bicarbonate of soda is in the system converted into the carbonate; it is, therefore, better to administer the latter than the former; the whole amount ingested is utilised in the stomach, a smaller dose is required, and less sodium is introduced into the body.—*The British Medical Journal.*

FOR BLEEDING GUMS.—After the extraction of teeth, Vian recommends the following as an efficient styptic to check the bleeding :

R	Chloroform	̄i.
	Acid. tannic } aa	̄ss.
	Menthol }	
	Tinct. kramerae	̄i.
	Aquæ dest.	q. s. ad. Oj.

FLESHY MOLES AND ABORTION.—Neumann (*Monatsschrift f Geburtshulfe u. Gynak.*, February, 1897) publishes an important communication on a disease of the products of gestation already described by Breus in 1892 under the name of “tuberous subchorionic hæmatoma of the decidua.” He concludes, however, that Breus simply described a form of the well known fleshy mole. The histology, as laid down by Breus, corresponds to that of other moles described in scattered papers by careful observers. Blood being irregularly extravasated under the chorion, that membrane is pushed inwards in an irregular fashion. Hence no doubt the term “tuberous hæmatoma” is not incorrect, but the same might be applied to most fleshy moles. Neumann concludes that the fleshy mole is undoubtedly a form of the process known as abortion, a fact long admitted, but he advises the obstetrician to remember that the pathological changes which produce it may occur at very different stages of pregnancy. Hence the precise time at which the arrest of normal pregnancy occurred cannot always be determined by examination of a fleshy mole.—*The British Medical Journal.*

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Review of Council debate on motion re Executive Committee—Grounds on which a change in its composition was urged—By whom the motion was opposed—Specious pleas—Dishonest excuses—Insolent usurpation of Council functions by that Committee—Occasional cretism of the official conscience—A university appointee's estimate of the futility of the profession's efforts to secure its rights—Council's penny-wise and pound-foolish policy—Dr. Williams' puerilities and specious nothings—No longer knows "who is who, or what is what"—His obfuscation as to official relations—Nursery prattle—Recognition of parties in the Council—A hard nut for the plausible doctor to crack—Evidence of the existence of an "Inner Circle" in the Council—The doctor's resemblance to a merchant who puts all his stock in his store windows—The "Billingsgate spirit"—Let him have a chance—Does not wish to be called a "Local Brother"—False appeals for sympathy—Dr. Williams, himself, cited as a witness as to existence of "Inner Circle"—His "artless" admissions re the Annual Caucus—Misrepresents my past relations and future intentions as to the Medical Council—Excitable controversialists should be under kindly restraint during the "Full of the Moon."

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—An effort was made in the Council in 1895, and again in 1896, to give the profession three seats, in place of one, on the Executive Committee. Your readers will find the discussion reported, and the yeas and nays given, on pp. 122-126 of the Announcement for 1895-96, and pp. 98-103 of that for 1896-97, and I respectfully urge them to read both *critically*, in order that they may be in a position to judge for themselves the nature of the influences, and the character of the contentions and votes, by which this act of simple justice to the electorate has been twice refused. By-law No. 39, which, among other things, regulates the functions and membership of the nine Standing Committees of the Council, is to be found on pp. xlix and l of the last Announcement, and may profitably be read in connection with these reports. It has been rigidly enforced as to the numerical strength of every committee, with the single exception of the Executive, which, by loose and unauthorized usage has been made to consist, not of three elected and two ex officio members, or five in all, as the By-law provides for and directs, but of three members only—the President, the Vice president, and one other, always so selected from

those belonging to the Inner Circle as to make the committee of three embrace one school man, one homœopath, and one territorial representative—the latter not open to the suspicion of being troubled with any inconvenient notions of super-loyalty to the electorate. The grounds on which the Council was urged to place three territorial men on that Committee, were chiefly these :

1. That of legal requirement. The By-law clearly prescribes that the committee shall consist of five members—three elected and two ex-officio.

2. That of justice to the electorate. The Legislature has given the medical electorate a representation equal to three-fifths of the whole membership of the Council, and this membership-ratio of the Council clearly ought to be respected in the appointment of all the Standing Committees of the Council, and, especially, should it be respected in the selection of this governing committee, to which the entire control of the profession is confided for fifty-one out of the fifty-two weeks of the year.

3. That of courtesy, which would further point to the propriety, in accordance with British fair play, of assigning one of the three seats pertaining to the profession, to a member of the opposition, as is the time-honored parliamentary practice, not only in the House of Commons and Provincial Legislatures, but of every reputable deliberative body existing in any free and enlightened country.

In 1895, the suggestion to fulfil the requirements of the By-law, by giving this committee its legal membership, was followed by a discussion of which the principal features were these :

1. The suggestion was opposed solely on the specious ground of expense, and exclusively by members of the Inner Circle,—one territorial representative (Dr. Williams), three homœopaths and four University appointees resisting the proposed change.

2. A charge was explicitly laid against the Executive Committee of having refused to allow the Registrar to furnish, to a territorial member of the Council, certain information touching matters of great moment to the profession, and this high-handed proceeding on the part of the committee was urged as a reason why the profession should have increased weight in its membership.

3. This charge was replied to, in a very lame and characteristic manner, by both the members of the committee then in the Council. No attempt was made to deny the charge, though specious and disingenuous reasons were assigned for the refusal complained of. My esteemed friend, Dr. Williams, was present throughout this debate and took part in it, yet last summer the incident appears to have quite

escaped his memory, or, at all events, he professed ignorance that the committee had ever refused to give information when asked for it.

4. The reasons set forth for refusing the information then sought for were just two. The committee decided not to give it because its preparation would involve great expense. Dr. McLaughlin exploded that excuse by showing that its preparation would not have involved the expenditure of one single cent beyond the cost of the sheet of paper on which it was written, and a postage stamp to carry it to its destination. Then quite another explanation was offered. The information was refused solely because the committee dared not transcend its powers. It had no authority to grant any information to a member of the Council, and so feared it might be censured for assuming functions which belong exclusively to the Council itself! What a striking commentary on the pretty speech delivered on that occasion, and the conscientious scruples then professed, is furnished by this committee's subsequent acts! Less than three months afterwards it had risen so far superior to this shrinking timidity and ephemeral sense of official scrupulosity as to set at nought the Council's published curriculum of requirements, and to further risk its formal vote of censure by usurping, without a shred of excuse for so doing, one of the Council's most valued prerogatives—that of deciding to hold a Fall Examination. Twice now it has ventured upon this latter usurpation of function. This spring, it further distinguished itself, by issuing to the profession, for signature, a petition unauthorized by the Council, and containing matters eminently well *calculated* to still further inflame the Legislature against the medical electorate. And yet again, without waiting until the matter had even been mooted in the Council, and in flagrant disregard of, if not in contempt for, its prerogatives, and in opposition to the strongly expressed advice of every medical man in the House, this same consistent committee, whose official conscience becomes so charmingly tender on suitable occasions, ventured to direct—not the Registrar to prepare and furnish a penny folio of information asked for on behalf of the profession—but the Solicitor to prepare and furnish copies of a costly draft of an amended Medical Act for introduction in the Legislature. And it was only the determined resistance of the Legislation Committee that prevented the consummation of what would have been a fatal blunder—devised equally to the great detriment of the profession and to the advantage of the homœopaths and the schools, since these, and they alone, can benefit by whatever tends to perpetuate or intensify the hostility of late shown by the Legislature towards the medical electorate. Evidently then, on occasion, this

committee can, in the service of the schools or of a peculiar medical sect, defy both Council prerogatives and Council traditions, and become bold to the point of audacity. It is only when information is asked for on behalf of the profession that it begins to suffer from the erethism of official conscience.

5. A notable feature of the debate is the evidence it incidentally affords of the confident assurance which animates the members of the "Inner Circle" that, however much the fourteen elected men outside the Ruling Alliance may fret and fume and strive for justice on behalf of the profession, they are powerless in their efforts to secure it as long as the Solid Phalanx remains firm, or, in other words, as long as the homœopaths and school men can keep the necessary three territorial derelicts in leading strings, by tickling their vanity with the hope or the realization of office. This sentiment of almost contemptuous indifference to the earnest efforts of those who were battling for the rights of the electorate, was clearly, if somewhat offensively, voiced by a member of the government who closed the debate with the declaration, "We have had a great deal of words expressed here to-day which might have been as well thrown to the winds."

6. In view of the fact that last June the distinguished representative of No. 2 presented the Council with an entirely new justification of the breach of By-law No. 39, it may be well to note that, in this debate, there was no pretence or suggestion of having sought for or obtained a legal opinion favorable to the Council's usage in regard to the Executive Committee. Evidently the President, who had been in the Council many years, had no idea that so good an excuse could be found, and, although several of the oldest members of the Council, including Dr. Williams, spoke on the question and offered each a different and an equally plausible explanation of how the word "three" came to be in the By-law, no one then thought of attempting to cover the Council's delinquency, in this respect, by a suppositious sanction of the official Solicitor.

In 1896, in favor of giving the profession its righteous and necessary representation on this committee, the following additional points were brought out :

1. It was shown that the contention against the motion, on the ground of expense, was a specious and misleading one, which had been created for the purpose of resisting the change. In 1881 there were, it appears, six members on the committee, yet that year it cost the Council nothing. For the six years prior to 1887-88, it cost the Council nothing, not because it consisted then of only three members, but because its functions had very properly been so limited that it had no

occasion to meet at all. In 1887-88 and 1888-89, the building was in course of erection, and the committee, though still composed of only three members, cost the Council, respectively \$306 and \$194. Yet in 1889, in face of the fact that during these two years it had cost just \$500, so little did the Council then regard the danger of its ever again, with its strictly curtailed functions, becoming a source of material expense, that it deliberately, by By-law No. 39, then made and passed, raised its membership from three to five.

It is further a noteworthy fact that it is only since 1889 that the profession has been systematically defrauded of its rightful voice and influence in the Executive Committee, and that this injustice, flagrant enough before, has become more distinctly accentuated since 1895, when the territorial representation in the Council was increased from twelve to seventeen members.

2. It was further contended that if, notwithstanding the limitation of its functions in or about 1881, the committee was still liable to become an expensive institution—which the Financial Returns show has not been the case—the proper way to reduce its actual or prospective cost would be, not either to fly in the face of a Council By-law, or, to sacrifice justice to economy, but to still further curtail its functions, and to require it to reach such interim decisions, as may be found necessary, rather by epistolary correspondence than by formal meetings. A second and perhaps surer way of reaching the same end, would be to cut off altogether the monetary consideration now paid to its members—this, especially, in view of the fact, that the Ontario Medical Act neither contemplates nor authorizes the payment of a per diem allowance to the members of it or of any other Council committee.

To this it might have been added that, if the Council really desires to economize, there exist other and far larger leaks than this is ever likely to prove, to the stoppage of which, it might very properly direct its efforts. The dishonesty of the whole objection, on the ground of expense, is further shown by the fact that, it is only when justice is claimed or an act of grace asked for on behalf of the profession, that the "Ruling Alliance of Sixteen" becomes so suddenly and violently afflicted with the erethism of economy. And, as an object-lesson on the penny-wise and pound-foolish policy of the Council in this matter, attention may be directed to the fact that, purely owing to the absence of such a restraint as a properly constituted territorial representation on that committee would have exerted, it has been so worked during the past two years, by interests hostile to the profession, as to cause a financial loss to the Council aggregating nearly \$2,000. It instituted

two wholly unnecessary and unauthorized Fall Examinations, each involving an average loss of \$700, and its petition fiasco and preparations to amend the Medical Act without the knowledge and concurrence of the Council, involved a loss of several hundred dollars more. It is in flagrant violation of the fundamental principles of all responsible government, that any members of the Council, who are quite outside the reach of the electorate, should have a voice or a vote in questions involving the expenditure of a single dollar. But it will become an intolerable hardship, if the financial well-being of the College is to be thus placed at the mercy of an irresponsible committee, not containing a single loyal exponent of the views of the electorate.

The motion on behalf of the profession was defeated last June exclusively by the specious nothings and high class plausibilities of Dr. Williams, whose contentions—lettered for reference—were the following :

He deprecates the recognition of parties in the Council (*a*) ; claims that all the members of the Council stand on a fair and equal basis, and that "all should be treated exactly in the same way as long as they are here" (*b*) ; insinuates that Dr. Geikie is the only medical school teacher in the Council (*c*) ; affirms that certain appointees of the schools are just as much territorial men as any of us (*d*) ; asks whether Dr. Britton, the appointee of the University of Toronto, has any special interest in furthering the interests or views of that institution (*e*) ; again prattles about the cost of this committee, twenty years ago, when it contained ten or a dozen members, and was permitted to meet when it pleased (*f*) ; affects innocent surprise or ignorance that the committee had ever been known to withhold information when asked to give it (*g*) ; implies that Dr. Sangster had shown that the Council usage with respect to this committee worked well (*h*) ; informs all concerned that the Council had "kept a tight rein on that committee ever since" (*i*) ; and declared that the Solicitor sanctioned the departure from the By-law (*j*).

I must again ask your readers to turn up the report of this speech (Announcement 1896-97, p. 100) and read it for themselves. It is a fair sample of the puerilities and plausibilities which the learned doctor so frequently sets forth in Council debates, and which his associates of the Inner Circle find so irresistibly convincing. And they are all advanced so speciously and so seriously, in a manner so *calculated* to win confidence, that one often wonders whether he is himself aware that he is equally discrediting his own intelligence, and insulting that of his auditory. Let me briefly advert to each of these points not already dealt with.

(a) Of course he deprecates the recognition of parties in the Council, and equally of course every member of the "Ruling Alliance of Sixteen" is prepared to confirm and to applaud his sentiments to the echo. *Their* control of the Council, and *his* representative occupation are alike gone just as soon as the medical electorate becomes fully informed and rises to the duty of asserting and protecting itself. Denial and concealment are vital to the continued existence of the combination. Dr. Williams knows perfectly well that there is a double recognition of parties in the Council—first as to the three sources from which its membership is drawn, and second as to the existence of a government, an opposition, and an independent section. He is thoroughly well aware that every committee of the Council, standing or special, is and always has been selected so as to give representation to the different elements or sources of membership.

(b) If no parties are recognized in the Council, and all are "treated exactly in the same way as long as they are here," perhaps, on being invited to do so, my plausible friend will rise and explain how it came to pass that, both last year and the year before, he attended a secret caucus of the "Inner Circle" which met to the exclusion of all the members of the Council not belonging to that alliance, and decided what should and what should not be done in the Council chamber. Was this treating all the members of the Council "exactly in the same way"? Was this placing the Stalwarts and the Independents on a fair and equal basis with the rest"? And, while about it, he will perhaps also kindly explain how it came to pass that in 1895 he seconded and voted for and, by the aid of his associates of the "Solid Phalanx," carried a "caucus" resolution, carefully excluding every man who had been elected as a Stalwart from the committee to strike the Standing Committees of the Council (*vide* Announcement 1895-96, p. 9). Of a verity, I opine that this will prove a hard nut for the versatile doctor to crack.

(c) Seems to be a gratuitous misstatement. Dr. Williams knows, as well as the rest of the Council, that Drs. Fowler and Moorhouse, equally with Dr. Geikie, are actual teachers in medical schools; and that if Dr. Thorburn is not now a teacher it is simply because the school, which appointed him and whose imaginary interests he is supposed even yet to guard, is defunct. If, therefore, the appointee of the Toronto School of Medicine has still a legal existence, which is open to question, his functions must be purely of a ghostly character. He is, officially, merely the unsubstantial shade of departed worth and greatness.

(d and e) Dr. Williams has slept so long with *homoeopaths* and

school men, and has become so thoroughly imbued with that sympathy, that inextinguishable community of interest and sentiment which results from long association, and the hypnotism of contact, that he has become obfuscated with regard, not only to his own official relations, but also those of others. He has become so mixed up that he does not know, or pretends not to know, "who is who or what is what." Because he is quite as good a school man as Dr. Moore and Dr. Britton, he wants to know whether the latter "has any special interest to single out Toronto University," which appoints him, and whether the former, who is the appointee of Queen's University, is not just as much a territorial representative as "we are." It is Dr. Williams' peculiar custom to use the plural for the singular pronoun and to say "we are" where ordinary mortals would say "I am." If he thus uses it here his question would really be "Is not Dr. Moore just as good a territorial representative as I am?" To that question I could with all my heart reply "Yes, just as good," as I can see no difference between them. They might both have been appointed by the same school or university. But the cleavage of interests between the profession and the schools is sharply defined and irreconcilably divergent. The two gentlemen named are sent to the Council to look after the special interests of the two institutions by which they are appointed. They do their duty in this respect with a zeal and an intelligence and a fidelity which reflect honor on them, and shame the recreancy of all trimmers and traitors who have no clearer or more controlling views of representative obligations than the distinguished member for No. 2 seems to possess. But, if the question gravely propounded in the Council last summer was seriously meant, as it was asked, I can only say, sir, that it is really amazing that such nursery prattle was ever babbled in an assembly composed of earnest and intelligent men.

I have quite sufficiently dealt with (*f*), (*g*) and (*i*) in the earlier pages of this letter. With regard to (*h*) I have simply to say that neither in Council debates nor in my letters have I ever said or written one word that could be twisted into an expression of approval either of the system on which the committee is selected and formed, or of its working well in any way. And it is a striking commentary (*j*) his statement that "we have kept a tight rein on the Executive Committee ever since" that, while he was deliberately uttering this misstatement, the speaker well knew that, during the then current year, it had, in defiance of Council regulations and Council prerogatives, set at naught the published curriculum of requirements—thus justifying the most obnoxious of the provisions of Mr. Ross' Bill, and, further, let the Council in for a loss of \$700 by ordering a Fall Examination.

Sir, I have not imposed this review of the debate on your readers without having a clear and definite object in view. It affords the strongest possible evidence that the existence of a "Ruling Alliance" in the Medical Council is no mere figment of the imagination, but a solemn and a deplorable fact, while, at the same time, it serves to illustrate Dr. Williams' ordinary methods of Council argumentation, and how marvellously convincing with the "Inner Circle" is a manner thus "*calculated* to win confidence." Here was a motion simply aiming to give the profession its righteous and necessary representation in the most important committee of the Council. Its adoption was urged courteously, but firmly, on the grounds of legality, of consistency, of justice, of uniformity, and of safety to the vital interests of the electorate. There was not a single valid pretext advanced for its rejection—only specious nothings, puerilities that would have been laughed at in any school-boy's debating society, and plausibilities which were promptly met and exploded. It was defeated clearly and indubitably by a combination, call it what you may—"Government," "Ruling Alliance," "Inner Circle" or "Solid Phalanx," just as, during the past two years, every other motion which involved reform or retrenchment or an act of justice or grace to the profession, has been defeated. I respectfully ask your readers to examine the yeas and nays given in the Report. Three territorial men, who would all have voted for the motion, were absent when the vote was taken. It may be claimed that five independent members voted with the "Solid Phalanx." True, but as there was an entire absence of argument, this is only an evidence of Dr. Williams' personal influence and winning way. His whole stock in trade is put in his front windows and consists merely, of a manner "*calculated* to win the confidence" of the unwary. He has been nearly twenty years in the Council, and new members who have not yet learned to distrust his loyalty to the profession, or to recognize the dishonesty of his methods, or to suspect the artful tactics of the "Alliance" to which he belongs, are apt to take his statements at their face value and to think him as truthful and as honest as he is plausible and crafty. When they get to know him better and to distrust him more, his personal magnetism will affect them less.

Since penning the above I have received the April REVIEW containing a third letter from Dr. Williams, very concise replies to a few points of which I hope you will kindly permit me to append. I also note your intimation as to the length of future correspondence and will cheerfully cut my letters, after this, to the regulation size. I hope, however, you will not restrict my friend, Dr. Williams, to four or any other

prescribed number of pages. His letters are so full of inimitable Deportment—are so refined in tone, and chaste in language, and elevated in sentiment, and courteous in expression—are so full of sweet temper, and honesty of purpose, and true manhood, and Christian spirit, that they illustrate far more clearly than I can portray, the true inwardness of the accomplished representative of No. 2. Let me respectfully ask you to give him a chance. His enemies assert that he simply cannot meet a charge squarely and fairly, that his replies are full of perversions and evasions, are an ugly compound of bluff and bluster, and bounce and bombast. They claim that he has discovered and developed what he terms a "Billingsgate spirit," and devotes himself to its illustration by scolding like an old woman with the animus of a fish-wife. I hope, sir, your truly refined correspondent, who began this personal controversy by reading me last June so charming a lecture on the duty and the beauty of courtesy towards my opponents, and who is wont to pose in the Council chamber as a Model of Deportment, has not himself transgressed in that respect, and that he can explain away these shocking aspersions. Give him a chance to put himself straight. Even at the expense of still further restricting the space allotted to me, I hope you will let him have whatever room he requires for vindication and general purposes.

Dr. Williams denies that he ever entered the sacred desk to expound the Word of God. I am sorry I was misinformed on that subject, and apologize for the mistake I made. I regret that he cannot thus look back on holy and elevating associations, and I am no longer surprised that he had forgotten even the forms employed in Holy Writ.

It appears that I have inadvertently—not only set my foot upon a worm—but used the words "summoned each year" where I should have said "held each year," and this trifling error affords the plausible doctor an opportunity for letting off three whole paragraphs of characteristic verbiage. Dr. Williams *did say* that "a caucus had been held each year" since he came into the Council, and this is *all* I ever charged him with admitting. He now formally repeats that admission, but seeks to differentiate. He claims that only "three of these caucuses have been summoned antecedently to Council meetings," and that the others have simply "occurred." And the ascetic doctor admits that he attended the two "*caucuses*" that were "*formally summoned*"—not for the transaction of business, not to discuss how best to diddle the electorate out of its rights, oh, no! but for "no special object other than friends spending a social hour!" Fie, Dr. Williams! To shut out the Stalwarts and Independents even from a share in the oysters and champagne! But then, after the

"social hour" had been spent, "the officers and other business were talked over," and the "members decided on their course," but "the personnel of the Council officials was not settled." Thanks, Dr. Williams! This is all I wanted to get from you. Every one knows that the formal election of officers can only be held in full Council. But, in a Council of only thirty, if sixteen members in caucus "decide upon their course," the matter is practically settled. Its resurrection in the Council chamber is merely a matter of form.

In his great tribulation—the squirming incident to the exposure of an untruthful and dishonest speaker and writer—he appeals to your readers for sympathy on two grounds. He avers that I was the aggressor. In this statement, as usual, he is incorrect. I am, on principle, except in self-defence, strictly impersonal in my remarks, written or spoken. I attack combinations, not men. I expose the misdeeds of a Council, or a committee, or an Inner Circle, or a Wing of an Inner Circle, but I never, unless first singled out and attacked, as in the doctor's celebrated lecture last June, give my strictures a personal application. Then he says I wanted to "get at and sting a person I dislike." In this he is also wrong. I have no feeling of dislike towards Dr. Williams. On the contrary, notwithstanding his official disloyalty and abusive language, I confess to still having a sneaking regard for him. I abhor his methods of debate and controversy as unmanly and dishonorable, and I am moved to bitter indignation at the systematic manner in which the profession has been cheated out of the advantage it had secured by the Act of 1893, and I blame Dr. Williams and his elected friends in the Inner Circle for being concerned in this act of treachery towards the electorate. But I have no dislike to Dr. Williams personally, and I would still rejoice to see him turn over a new leaf and devote his great ability to the service of the profession. I am a forgiving rather than a vindictive man, and were it otherwise, did I harbor enmities and ill will, I would not be so stupid as to import private animosities into public life, or into public debate.

He wants me to prove the existence of an "Inner Circle" by the testimony of an independent member of the Council. I have done better than this. I have time and again asked your readers to examine the contentions and votes of the "Inner Circle" itself, in proof of the truth of my averments and the justice of my strictures. In this present letter I have cited Dr. Williams himself. I am willing to trust my whole case on the debate I have herein reviewed, and I affirm that no unprejudiced man, of any intelligence and discernment, can, after a critical examination of Dr. Williams' speech and the

resulting vote, resist the conviction that the combination which I have called an "Inner Circle" does both exist and prevail.

He says I have always opposed the Medical Council, and aim at its destruction. He is here also deliberately and intentionally wrong. He knows that I was a strong advocate of the Parker Act, and that my action in favor of the creation of a Medical Council and a Central Board of Examiners gave rise to strained and unpleasant relations between me and the Dean of my Faculty, which persisted through many months. And he knows that my efforts now are directed not against the Medical Council, but against the *machine* which it incloses, and which is worked to thwart every honest effort to give the profession its right and reasonable voice in the conduct of its own affairs.

With regard to Dr. Williams personally, I have now said all I care or want to say. I have discussed him, strictly, in his public relations, and have cheerfully borne witness to his many good qualities. I regret having been compelled to show him to be untruthful in debate and dishonest in aim, so far as Council matters are concerned. With your permission I will now return to the discussion of matters of more importance and of a less personal nature. This especially in view of the fact that my last two letters seem to have excited your esteemed correspondent almost to the point of phrensy. Whole paragraphs of his last efforts show an incoherency and want of balance which are ominous of future trouble if he be at present further pressed. And as, in my future letters, I cannot always avoid playful allusions to his use of means "*calculated* to win confidence," it would, perhaps be wise on the part of his friends—those whom he himself regards as his friends—to quietly restrain him from writing his replies in that particular phase of the moon in which he appears to have penned his correspondence for the April REVIEW.

Yours truly,

JOHN H. SANGSTER.

Port Perry, April 28th.

Appendicitis.*

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—Having seen many cases of this ailment (or typhlitis, as it was formerly called) in the last thirty years, without having had a fatality, I offer a few remarks thereon, differing somewhat from the treatment at present strongly advocated. It has not been my fortune to meet with cases of "Fulminating Appendicitis," the clinical features of which are those of acute intussusception, ending fatally in thirty to forty hours. It seems to me that the preliminary, or accompanying, condition is a loaded colon, and that prompt treatment thereof will obviate largely the need of operation. Pain, with or without fever, should awaken suspicion, and palpation and percussion generally reveal the sausage-like tumor, extending from cæcum to margin of last rib. There are two indications: quiet the pain, and empty the colon. A morphia hypodermic will do the first, and calomel, one-half to a grain every hour, is best to commence the second. It will often arrest vomiting, and is not itself likely to be vomited. After ten or twelve grains are given, the stomach being quiet, salines may be tried, drachm doses of mag. sulph. in effervescing draught every hour to liquefy the contents of small intestine, and so assist our second indication.

A rubber tube three feet long, three-eighths inch in external diameter, should be passed up as far as possible, and the rectum and lower colon emptied by enema. If they are already empty, it will pass through the sigmoid flexure to the junction of the transverse and descending colon. The tube should pass twenty-six to thirty-two inches, the latter bringing us fairly within the outlet of the transverse colon. By now placing the patient in the knee-chest position, we are aided by gravity in filling the transverse colon, and perhaps softening and liquefying the mass in the ascending part. The bulb of the syringe should be slowly worked while the tube is being inserted, which, by distending the gut with water in advance of its point, greatly assists the procedure.

The tube being fully inserted, a cupful of olive oil with a drachm of turpentine, or a cupful of infusion of senna with two ounces of glycerine, or similar mixture, should be thrown up, followed by as much warm water as patient can bear, and as the tube is slowly withdrawn the bowels should be filled to the anus with fluid, which, when expelled, often relieves the symptoms. The enema should be repeated

* Read before Huron Medical Association.

every six hours till the bowel is patulous, the other treatment being continued.

This matter was discussed at the meeting of the Canadian Medical Association at Montreal in 1892, and Dr. Fenwick, of that city, whose experience and standing in the profession are second to few, spoke in favor of treatment on these lines, particularly the calomel. He considers it has a specific action in appendicitis, said he had treated his cases that way for forty years, had never needed to operate, and had never lost a case. If these somewhat disconnected remarks shall be of use to any of my confreres in dealing with these difficult conditions, my object in writing you will be fully attained.

Parkdale, March, 1897.

WILLIAM SLOAN.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the April number of the REVIEW, Dr. Sangster proceeds "to elucidate his averment of (my) want of status as to truthfulness and honesty in public discussion." It is interesting to follow this elucidation. It is peculiarly Sangsterian. When you have read five or six pages of your journal, you are still left to wonder whither he is drifting. But this is only his introduction. Through it you notice his labored efforts to get his courage sufficiently up to make the grand charge. Finally it comes. The card that is to carry consternation to the heart of the enemy is drawn from his sleeve. But what a piece of flimsy paper! It may truly be said, "the mountain has been in labor, behold the mouse." To read this introduction, and to watch his various windings and contortions through the maze of words, forces again upon you, the remarks of Disraeli, "Intoxicated with the exuberance of his own verbosity." In passing through it, you notice some of his peculiarities. Among them his characteristic "Raciness." The freedom with which it flows from his pen demands your admiration. With what gracefulness "Turveydrop," "Peck-sniff," and "Oily Gammon," are added to his "Head Centre," "Inner Circle" and "Solid Phalanx," and to his "ductile," "recreant," and "subservient." A feeling of thankfulness creeps over you when you reflect that his exclamation, "How unfortunate it is that any grown man, . . . can still condescend, . . . to seek relief for his surcharged feelings by falling back upon the schoolboy trick of making

faces and calling names," was intended to apply to others, not to himself, else his spice and "raciness" would be gone.

How you must admire, too, the unctuous candor, without even a blush, with which he confesses to multiplying the truth by two, when he says "five or six territorial representatives" when it was *only three*. And this is a "kindly veil of ambiguity." How are finite mortals to know when what he says is a "kindly veil of ambiguity," and when straight truth? Do the "vital interests of the electorate" demand this? If so, perish the vital interests, and let us have a little straight honesty.

The doctor displays a very great deal of fatherly interest in me all through this introduction. The tenor of it is, that in my private, social, civic and professional relations, he has no reason to even suspect that I am not a truthful and honorable man. And he "gladly expresses his honest admiration of my many good qualities." But,—and what a but! You will not be guided by me, you will not move at my dictation, you will not vote as I indicate, and for your good, but so reluctantly, I am forced to apply the rod. How many boys can remember these fatherly talks! No doubt we should be extremely thankful to those who give us such paternal (?) care.

While still laboring at his introduction your versatile correspondent calls attention to the fact that some five years since a medical journal was subsidized and paid with Council money. He affects to believe that its especial function was to "roundly abuse and traduce any and every member of the College who had the temerity to claim that his professional soul was his own," and he discourses fluently on the iniquity of such a procedure. It would be useless to attempt to convince him his strictures were not correct. "There are none so blind as those who won't see," but for the benefit of those who wish to know the facts, and judge for themselves, we will give a synopsis of the argument. A resolution was carried in Council, which contained the points subsequently embodied in the agreement. It was "that in the event of the Ontario Medical Journal Publishing Company printing a stenographic report of the Council proceedings, the College Announcement, and all the College advertisements, and supplying a copy of the journal free to every registered practitioner, the Council will give the company a bonus of \$600. . . . Striking points are brought out in this resolution. Among them, First, it was no part of the contract to "abuse or traduce members of the College," or to *uphold the Council*. Second, a full stenographic report of Council proceedings was to be printed in the journal and a copy to go to every registered practitioner free of cost. This completely refutes

the charge that there was any desire on the part of the Council to withhold information from the profession. The very contrary is shown to be the fact. Third, it brings out, too, that if "Council money" was used to pay this journal, the profession derived the benefit. There should be no difference of opinion on the necessity of giving the profession the fullest possible information on Council proceedings; but there are honest differences as to the best method of doing so. Subsidizing a journal to do the work has been tried. It is now changed to sending a stenographic report in the Annual Announcement. It is yet an open question which will prove the better method.

The doctor intimates that "twice and twice only heretofore" have I "appeared before the profession in print over (my) own signature"; "once in a letter to the public press, and once in an essay or paper originally read before the Ontario Medical Association." In this his history is at fault, but we will not now quarrel with it. On the first he declares he "does not propose to dwell," as he "has not now at hand the newspaper containing . . . the *corpus delicti* referred to;" but he gives us "the simple facts as he remembers them." "Some five years ago, in his capacity as President of the Council, the doctor furnished, for presentation to the Legislature, a statement showing that the whole cost of the Council's real estate was \$50,000, that the building was to the Council a source of revenue, and that at any moment the Council could take \$100,000 cash for it." That on this being challenged the "President rushed into print, professing to have now made a close and careful examination of the Treasurer's Financial Statements," and to have found the "exact cost of the real estate was just \$83,000." In this the doctor is astray in just a few particulars. First, neither the Government nor the Legislature, nor any member thereof, ever asked the President for a statement. Second, the President never furnished a statement; and third, the President never "rushed into print" to correct a statement he had never furnished. What a remarkable memory the doctor has! It retains vividly facts and incidents that never occurred. But "why should he hesitate" to make facts as well as "mould them to his purpose?" Is this the same Dr. Sangster who talks about "status as to truthfulness and honesty in public discussion"?

With reference to the "essay or paper read before the Ontario Medical Association." Up to the present I have not had the honor of reading a paper before that institution. On one occasion, at the invitation of the President, I addressed the Association on "Recent Medical Legislation." There was no paper read, and if my memory

serves me correctly, there were no notes used. In so far as I know, it was neither reported nor published. Yet the doctor says, "some rude outer barbarian at once tore his figures to tatters." How did this outer barbarian get the figures? Did some one carry them in his memory? Had he a memory equal to what we have shown Dr. Sangster's to be? Could he, like the doctor, remember what never occurred? It must have been the same memory. There cannot be two such in one country. He also says "a few days after it had been severely mauled in the public press," I "read this paper again from the President's chair in the Council chamber"—this paper, which as yet had no existence, but had been "tattered and torn" and "severely mauled." What an unfortunate paper to be subjected to such harsh antenatal treatment! Probably what the doctor has reference to is, that as President, I made the usual retiring address, which was reported, and subsequently published. But it would not serve his purpose to state the facts.

This is the article which he says was "mauled" as well as "tattered" long before it was born, and weeks before printer's ink was used upon it.

He is not done with this paper yet. He intimates there are some figures omitted that should have been in it; there are some too large, and some too small. Who ever saw a financial statement "*the critics*" did not show to be *all wrong*? Why should this be an exception? I have no doubt that now, after five years' experience with that account, many omissions will be found. It would be surprising were it not so. But he tells us I made the omissions "deliberately," "with the previous year's Announcement open at page 220 in (my) hands." Where was Dr. Sangster when he saw what I had in my hands? Was he by my side that he could read the page? Or is omnipresence another of his qualities in addition to his great and remarkable memory? Or is he "moulding facts to suit his purpose"? We can form an opinion on this matter from the internal evidence. What does it show? Had I the Treasurer's itemized Statement before me, or had I not? I am reported as saying, "I will give some figures which *I think* are correct." "Taxes about \$625.00," "insurance about \$80.00." "I think *this is not calculated unfairly*." "It is what may reasonably be expected, and would be very satisfactory." Now, Mr. Editor, if the internal evidence shows anything, it is that I had no itemized Statement of the Treasurer in my hands; that no attempt at giving exact figures was being made, for that was not practicable at the time; and that it was a forecast only of what might be expected. Yet, sir, after five years your sorely pressed correspondent

brings forward this forecast, with its discrepancies and omissions, as evidence to support a charge of want of "status as to truthfulness and honesty in public discussion"—evidence on which an unbiassed judge would not condemn a dog. What has been the effect of this? We will allow the doctor to tell it. He declares that "this serves to settle the question of (my) credibility in public discussion with Council affairs at once and *forever*." "That (my) statements *re* Council affairs have been taken ever since by well informed persons, liberally sprinkled with salt." That "(I) must clearly understand that (my) evidence on Council matters is ruled out of court." How depressing all this is! Under a cloud for five years and must remain so "*forever*." I would be completely overwhelmed did not the doctor himself come to my relief. He asserts that I am one of the "Head Centres" leading to a wing of the "Inner Circle." I must then have a little influence left. He declares that the Executive Committee was carried "almost exclusively by my plausibilities." Some one, then, must believe me. And the doctor himself writes a series of letters, the whole gravamen of which is, that I have too much influence, and he is striving to break it down.

The contrariety of positions taken by your correspondent in his letters, as partially exemplified in the above quotations, leads to doubt as to his true position, or whether it is that he has no position, but makes such statements as for the time being will serve his purpose. The statements are so at variance with each other that they may safely be left to himself for elucidation. The Dr. Sangster who avers that my statements must be taken liberally sprinkled with salt; that my evidence is ruled out of court; that it is not worth the ink with which it is written, may fight the matter out with that Dr. Sangster who wrote a series of letters the gravamen of which is, that, as the leader of a certain wing, I have too much influence. When he has decided on which side, if either, he finds truthfulness, it will be sufficiently early for a second party to consider seriously his asseverations. In the meantime the reader may judge as to the state in which the doctor finds himself, when he will attempt to call in question another's status as to truthfulness and honesty in discussion, on trumpery trivialities such as he has brought forth in his April letter.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, May 5th, 1897.

How the Drift into the Medical Profession is Promoted.

— MEDICAL COLLEGE.

Please enter on this form, name and address of gentlemen who to your knowledge have the study of medicine in view.

Mr.....

Post Office..... Box.....

.....Street, No.....

(Space is left for four names.)

The above names and addresses were written by.....

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—The enclosed blank form was mailed to me from Toronto. I have received two others from different parts of the Province. I am informed that one or more copies of this high-toned document were placed on the desk of each candidate writing at the recent medical examinations of the University whose name heads the paper, though I have, for what appear to me to be sufficient reasons, drawn my pen through it. Surely your esteemed correspondent, Dr. Williams, who cannot refrain from complimenting even one he regards as an enemy on his business ability, will break out into raptures of eloquence over this evidence of "business ability" on the part of his associates and friends! It was evidently designed to catch the students, at a soft moment, and, in a pliant mood. The last line contains an unmistakable intimation that, possibly, the values of the written papers, and, certainly the zeal and loyalty of the candidates would be measured by the importance, from a business point of view, of the information thus supplied.

Universities and medical schools have, I suppose, a strong pull on young men and women writing for their degrees, and can thus draw, in advance, on that artfully and craftily created figment of the imagination—"Loyalty to one's *Alma Mater*." But they have no similar "pull" or "thumb-screw" to apply to outsiders, such as ministers, high-school masters, municipal clerks, public-school teachers, post-masters or the officers of fraternal societies. If these, all or any of them, are favored with similar blank forms, doubtless explanatory circulars are sent therewith, and, as an inducement to do the work required, some such system of competitive prizes may have been devised

as that employed for booming the sale of "Surprise Soap," or for enlarging the subscription lists of certain second or third-class periodicals. If it may be assumed that this plan has been, or is about to be, adopted, may I, without offence, suggest to the Venerable Dean of the institution in question the advisability of selecting as prizes such articles as Encyclopedias of Domestic Medicine, and Bicycles. There is a cognate applicability, a professional tinge, about the former, that stamps them as peculiarly appropriate to the purpose; and, the present craze impelling all the world to mount wheels, in conformity to the whirligig of fashion, would make the offer of a first-class Bicycle as a prize, send many of the young and middle-aged men and women of every hamlet, village and town in Ontario, on a hunt for prospective students in medicine. The result would not only greatly improve the bank accounts of medical school professors, but would very soon put an end to the present deplorable dearth of sucking doctors.

In this Province the road to financial success in practice is no longer strictly hedged in by mere professional attainments. In securing a practice, professional ethics are not now greatly regarded, and *business push* is the one really indispensable requisite. It is true that this most desirable accomplishment is not formally taught, by lecture, in any of our medical schools. But every one knows how strongly the young are influenced by the example of those whom they are expected to reverence. By the exhibition of business-energy such as this, does not an *Alma Mater*, practically, say to her alumni, "Win a practice, my children, win a practice, ethically if you can, but, WIN IT."

Yours truly, JOHN H. SANGSTER.

Port Perry, May 3rd, 1897.

PAY THE DOCTOR'S BILLS.—The Bishop of Norwich, England, recently took occasion to preach a sermon upon this subject, and in it he said, after telling how men neglected to pay the doctor's bill: "I cannot permit myself to imagine that I address any such wrong-doer here to-day. But if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, to destitution. Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment, the last to be deferred is the account of him who is the human agent who has brought us into the world, enables us to continue our work in life, and many a time lays down his own in endeavoring to baffle death."

Miscellaneous.

Supplied Blood "in Extremis."

CASES BY DR. W. H. PARSONS, OMAHA, NEB.

I. Miss B., aged 16, of Lincoln, Neb., was admitted to hospital in Kansas City, Mo., June 9th, 1891. Laparotomy for ovarian cyst was performed on June 12th. She was anæmic in the extreme when admitted, and generally in bad condition for an operation, but the case demanded immediate relief and the operation was deemed particularly successful; but the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome.

Shortly after the operation the stomach became so irritable that all nourishment and even cold water were rejected. The temperature and other grave symptoms indicated sepsis. On June 18, the date of my first visit to the hospital, the patient's life was despaired of, and the last rites of the church were being administered at the time of my arrival. Dr. G., the surgeon in charge, kindly gave me a history of the case. Rectal feeding had already been tried with unsatisfactory results, beef tea and milk having been used. At my earnest request I was permitted to test the value of the blood treatment, the doctor saying at the time that the patient would not live forty-eight hours. Bovine, one ounce, sterilized water, one ounce, pancreatine, five grains, raised to a temperature of 100° F., were employed and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded to the stomach remained tranquil. For twelve days the only nourishment administered was bovine every three hours day and night, and by this process of nutrition alone, the vitality of the patient was restored, so that at the end of that period she sat up in bed and, for the first time since the operation, expressed a wish for food. On July 3rd, this moribund girl was pronounced convalescent.

II. In St. Louis, a lady had pricked her thumb with some poisonous product, and blood poisoning in its most virulent form supervened, and in spite of the best efforts of several leading surgeons, the case came to a point where amputation at the shoulder seemed the only alternative. The hand and arm were swollen to their fullest capacity, and honey-combed with scores of sloughing ulcers. Upon my advice the hand and arm were dressed six times each day, after having been

thoroughly cleansed, with pure bovine; the ulcers being packed with soft lint saturated with the same, and the entire arm and hand dressed with it. In thirty hours a change was manifest, and in sixty hours healthy granulations began to appear, diseased tissue to slough out, and in twelve days her hand and arm were as good as new.

III. A man in St. Joseph, Mo., wounded himself in the hand while dressing dead hogs at the yards. Blood poisoning set in in earnest. In six days all dressings, etc., had failed, and amputation was suggested. I was in the attending surgeon's office when he related the case to me. I suggested wrapping the arm and hand in bovine blood, changing every four hours. In twelve hours the change was so marked that the doctor sent for me to see the case. In four days he was well. The doctor thanked me, as did the man, who was about to lose his arm and probably his life.

IV. A man in St. Joseph's Hospital, Oneota, had his arm smashed in a railroad accident; the fractures were compound and badly comminuted, and in a few days an erysipelatous condition set up, which threatened his life. I was in the hospital, and the attending surgeon, an old friend of mine, Dr. E. W. Lee, chief surgeon of the B. & M. Railroad, called me to view the case. It was truly desperate. I advised taking off all dressings, put the arm on a pillow, cleanse it thoroughly with hot bichloride, and wrap the entire arm in pure bovine. After some hesitation it was done, and in four days the condition had so far changed as to allow the arm to be put back into the dressings. Another life saved, and another victory for Blood.

V. Soft chancroid involving the glans and prepuce. The soft ulcer had been doing its work for four weeks; appeared almost malignant; various dressings had failed, such as iodoform, etc., etc. This ulcer was packed in pure bovine and soft lint, changed every two hours the first three days, then every four hours. In thirty-six hours the diseased tissue sloughed out, healthy granulations set up, and in ten days he was well. This, in brief, is my experience along new lines (that is, new to me).

Omaha, Neb.

W. H. PARSONS, M.D.

PILL GUY HOSPITAL—Under the title of "Pill Triplex, No. 2, Guy Hospital," Messrs. Parke, Davis & Co., have added to their list a formula largely used in cardiac dropsy, consisting of blue mass, digitalis and squill, each pill containing one grain each. It is supplied in gelatine-coated only, oval in shape. Physicians generally who have been using this pill will be glad to know that it can be procured in this desirable form, and from a firm of such well-known repute as Messrs. Parke, Davis & Co.

The Better Known, The More Approved

The simplicity of the combination is not more important than the method of obtaining the laxative principles of Senna to combine with aromatic carminatives, pure white sugar, water, and a small quantity of the juice or soluble substance of figs, to form the family laxative manufactured by the California Fig Syrup Co., and known to the medical profession by the fanciful name : : :

Syrup of Figs

given to the preparation to distinguish it from all other laxatives. The high standing of the managers of the California Fig Syrup Co. with the medical profession, and its special facilities for manufacturing a perfect laxative, guarantee to physicians the excellence of this product. : : : : : : : : : :

It is never sold in bulk, but in original packages only, which retail at six cents per bottle. Physicians wishing to prescribe "Syrup of Figs" may prevent substitutes by having their patients note the name of the California Fig Syrup Co. on the package.

CALIFORNIA FIG SYRUP CO., San Francisco, Cal.; Louisville, Ky.; New York, N. Y.

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ANTISEPTIC.

LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

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A valuable Renal Alternative and Anti-Lithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Pathesis generally.

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An Acrostic—La Grippe.

A-ll the nerves gone on a bender,
N-ot an organ is exempted,
T-eeth and scalp and muscles tender,
I-cy chills the bones preempt ;
K-aleidoscopic are the symptoms legion,
A-s they overrun the system,
M-aking life a weary region,
N-o one able to resist them,
I-s there nothing that will cure ?
A-ntikamnia will, I'm sure !

Atlanta, Ga.

FREDERICK B. SUTTON, M.D.

EXPERT WITNESSES.—At a recent trial a medical "expert" was examined in regard to certain points in neurology. In the cross-examination he was asked if he recognized a particular book as authority in the matter, and the question was repeated in regard to another book and then another. His answers were to the effect that he was familiar with all the books mentioned, and that they were authorities on the matters alluded to. The medical witness was then allowed to leave the stand, and the lawyer's clerk was sworn, who testified that the titles of the works in question were fictitious, having been concocted in the law office to which he was attached.—*New York Medical Journal*.

NURSES.—For the seriously sick and even for invalids or for the weary, who can afford the expense, there is no greater comfort next to a skilful, cheerful, sympathetic doctor, than a good, cheerful, tidy, sympathetic trained nurse, and we are glad to bear testimony to the very valuable services rendered to individuals and to families by very many such in our country. The fees which such nurses command are doubtless too high for many patients of moderate means ; but when we take into consideration the arduous nature of the duties, the intervals of rest which a nurse is forced to take in order to keep her health, and the shortness of the active wage-earning period of a nurse's life, they seem none too large. In so many diseases, especially typhoid fever, the nurse is so much more important than the doctor that to her is very often due the credit of a cure. A good nurse is invaluable.—*Boston Medical and Surgical Journal*.

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Contains all the nutritive virtues of the best Malt Liquors, while it is free from the stimulating effect which invariably follows their administration.

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"I write you regarding your LIQUID MALT EXTRACT, and congratulate you upon its merits, and may say that during the past year I have ordered in the neighborhood of 30 dozen of same, besides my prescriptions. Have been highly satisfied with its effects."

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For Nursing Mothers During Lactation, Convalescing Patients,
Promotes Circulation in those who Suffer from Chills,
Is a Strength Giver to the Weak.

PRICE TO PHYSICIANS, \$3.50 PER DOZEN BOTTLES.

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Fellows' Hypophosphites.

(SYN. HYPOPHOS. COMP. FELLOWS.)

To the Medical Profession:

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

- 1st. Unique harmony of ingredients suitable to the requirements of diseased blood.
- 2nd. Slightly Alkaline reaction, rendering it acceptable to almost every stomach.
- 3rd. Its agreeable flavor and convenient form as a Syrup.
- 4th. Its harmlessness under prolonged use.
- 5th. Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

THE CANADIAN MEDICAL REVIEW.

INCISIONS made in the skin of the face should be placed where there is a shadow, or in the bottom of the furrows produced by the habitual expression of the patient. When this cannot be done, the incision should be parallel to the facial line, rather than across it. A slightly curved incision makes a less conspicuous scar than a straight or abruptly curved one.—*Railway Surgeon.*

INSTRUCTION IN ETHICS.—To those students who cannot be dissuaded from entering an over-crowded profession, should be given, some time during their course of study, a series of plain, practical talks, by some member or members of the faculty, which will open their eyes to things which books and laboratories cannot teach, a course of future conduct which will tend to make them respected, self-respecting and, happily, materially successful physicians.—*Medical News.*

ANOTHER WAY TO CHEAT THE DOCTOR.—A woman living in this city, whose fortune is estimated at considerably over half a million dollars, recently became alarmed about her health and feared that she had Bright's disease. From the ordinary professional point of view, there was nothing to do but to be examined by her family physician, and then, if she had renal trouble, to put herself under his care. But this wasn't the woman's view, for a thorough physical examination, including examination of the urine, would be expensive. She didn't want to die for lack of treatment if she really was ill; and, on the other hand, if she did not need treatment, there was no use in wasting money on an examination. Examination at a dispensary would be free, of course, but then it might not be thorough enough. She might trust the dispensary doctor to treat her if she had Bright's disease, but she would not trust his diagnosis. So this resourceful lady of frugal mind bethought herself of another scheme. She made application for life insurance in large amount, so large, indeed, that the rules of the company called for an examination by two physicians before accepting her as a risk. The two examiners, both experienced and competent men, called at her house by appointment, and subjected her to a most painstaking examination. Not long after she received notice from the company that she had been accepted, and replied that she had changed her mind and would not be insured at present. This is not so bad as the dispensary dodge, for, although the family physician lost a fee, the insurance examiners did get one. There may even be some among our readers who will rejoice over a new use for an insurance company.—*N. Y. Medical Record.*

CACHETS



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Most Convenient.
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FIG. 5.

S. CHAPIREAU, 14 Rue de la Perle, PARIS, FRANCE.

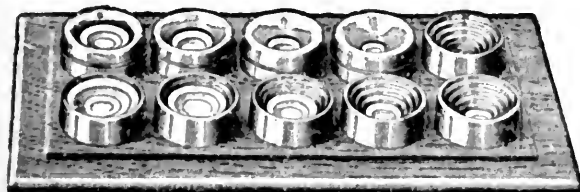


FIG. 1.

sists of a small cabinet, upon the underside of the lid of which are fastened 10 nickel-plated moulds (Fig. 1). The lower halves of the cachets are placed in these moulds, and "fillers" (Fig. 2) are slipped over the top to insure the even filling of the cachet. Graduated compressors (Fig. 3) are then applied to force the powder into the cachet.

Holders (Fig. 4) are used to pick up the upper part of the cachet, and for moistening and joining to the lower half. An automatic handle (Fig. 5) is used for handling the holders and ejecting the filled cachet. Fig. 6 is a water cup used for moistening the edges of the cachets.



FIG. 4.



FIG. 2.



FIG. 6.



FIG. 3.

No. 0



No. 1



No. 2



No. 2 bis Same size as No. 2, but a trifle deeper.

No. 3



Prices for Cachets "S. Chapiureau."

- No. 0. \$1.25 per box of one thousand wafers or cachets (500 complete).
No. 1. 1.25 per box of one thousand wafers or cachets (500 complete).
No. 2. 1.35 per box of one thousand wafers or cachets (500 complete).
No. 2 bis 1.35 per box of one thousand wafers or cachets (500 complete).
No. 3. 1.50 per box of one thousand wafers or cachets (500 complete).

Ex Store Toronto Under \$10, net 30 days or 4 cash 10 days Over \$10, 30 days less 3 or cash less 4.
Samples furnished on application.

Cacheteur, No. 1, having 12 moulds, \$10.50; No. 2, having 10 moulds, \$7.00; No. 3, having 6 moulds, \$5.00.

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During the past decade we have led every advance toward increased proteolytic and diastatic activity. We now invite attention to a few leading products in this line.

Pepsin Cordial : One teaspoonful will completely digest 3000 grains of coagulated and disintegrated egg albumen. One fluidrachm will curdle 32 ounces of warm milk in a few minutes. A palatable and active preparation.

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Liquid Pancreatin : A concentrated preparation possessing all the digestive properties of the pancreatic fluid. Two fluidrachms will peptonize 16 fluidounces of milk in from one to one and a half hours at 110° F. A permanent preparation, admirably suited to various combinations.

Taka-Diastase : Beyond all comparison the most potent form of diastase ever placed on the market, this product has proved remarkably efficacious in dispelling the distressing symptoms of starch-dyspepsia. The clinical experience of distinguished specialists is embodied in the literature which we furnish on application.

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JUNE, 1897.

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"The proportion of sulphate of Soda to sulphate of Magnesia is 15.432 to 24.4968 in the litre, so that this Water may be classed with the best Aperient Waters, and be pronounced one of the strongest."

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"A most useful Aperient."

"The presence of lithium in Apenta Water explains why a course of the latter is so useful in warding off attacks of gout, and in moderating their intensity when present."

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"The Lancet" says:—"A much-esteemed purgative water."—"Its composition is constant. The practitioner is thus enabled to prescribe definite quantities for definite results."

"Used with good success in Hospital and private practice in Toronto and Montreal"

Canadian Medical Review

The BERLINER KLINISCHE WOCHENSCHRIFT, 22nd March, 1897, publishes a Report upon some experiments that have been made under the direction of PROFESSOR GERHARDT, in his Clinic at the Charité Hospital at Berlin, demonstrating the value of APENTA WATER in the treatment of obesity and its influence on change of tissue.

The working of the Springs from which the "Apenta" Water is drawn, is placed under direct scientific and hygienic control and supervision.

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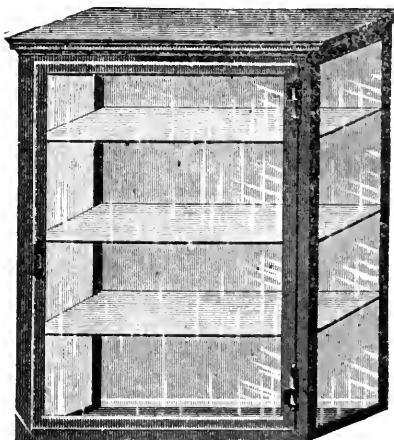
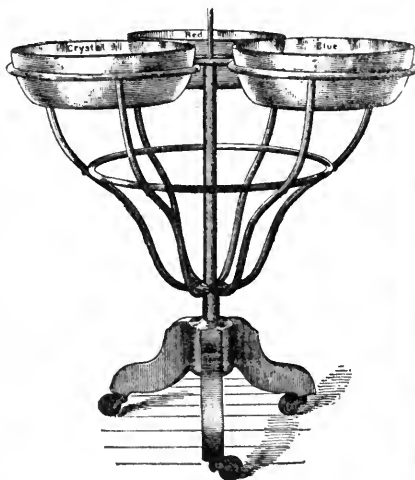
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TORONTO, JUNE, 1897.

No. 6

Original Communications.

Should the Medical Profession of Ontario be Self-Governed?*

By J. W. McLAUGHLIN, M.D., Bowmanville.

WE are living in an age when the demand of the people for representative government is irresistible and imperative. This is true not only of the nation at large, but of all its divisions and sub-divisions into provinces, counties, cities, towns, villages and townships. It is equally true of those other divisions of the people into learned professions and societies without number. The people elect their members of Parliament. The people elect their Councillors. The lawyers elect their Benchers. The pharmacists elect their Council and the dentists their Board. The stockholders elect their bank and society directors, and so on through the whole almost interminable list.

Only to one body of men in all this country is the boon of self government denied. To the members of the College of Physicians

* Prepared for Ontario Medical Association.

and Surgeons of Ontario is refused the right thus otherwise universally granted of electing their governing body.

A glance at the component elements of the Council will make this statement clear. Subsequent to the passage of the Act of 1869 the Medical Council was composed of nine university and school men, five homœopaths, five eclectics and twelve representatives of the general profession. In other words, in a Council of thirty-one members the general profession elected twelve whilst certain privileged classes selected the balance of nineteen members.

To a consideration of the reasons, or rather excuses, vouchsafed for this extraordinary and anomalous state of affairs I respectfully ask your attention. In doing so may I request that you divest your thoughts of all self-interest and prejudice and view the questions involved purely upon their merits, and from the standpoint of the highest and best interest of the profession.

Before proceeding further it may be well to call to mind the arguments put forward in defence of the anomalous position occupied by the privileged representatives of the Council.

These arguments are :

First : By legislation power had been granted to universities, colleges, medical schools and to the allopathic, homœopathic and eclectic boards, making all of them examining and "licensing boards," and the argument is that the anomalous representation was granted in lieu of the surrender of these so-called "vested rights."

Second : By an agreement or "compact" entered into at the inception of the Council, these privileges were granted.

This, so far as I know, is a fair and full statement of the reasons assigned by those members of the Council whose status I venture to call in question.

I shall first examine the question of the so-called "vested rights," and in so doing it will be necessary to recall a very few of the salient points in the history of medical legislation in Canada and this Province. Prior to 1869, by Acts passed by the Parliament of the Province of Canada, power was granted to certain educational institutions, and also to the eclectic, homœopathic and allopathic boards to examine students and issue certificates to successful candidates of having attained a certain status of medical education. *This and nothing more.* I ask special attention to this point because there seems to exist a hazy impression that these boards and colleges had power to issue licenses, and in recent years two Presidents of the Council have called them "licensing boards." Not one of these had any more power to grant licenses than the ghost of *Æsculapius*. On the

contrary, by the Acts above referred to, the power to issue licenses was placed exclusively, and in every instance in the hands of the Governor of Canada, and upon the presentation of a certificate granted by any of the examining bodies the Governor might or might not issue the license according to his good pleasure. I quite freely admit that almost universally the license was granted upon compliance with the required conditions. I recall but one instance in which it was refused. But the fact that Parliament did not hand over to the examining bodies the power to issue licenses but retained it absolutely and unconditionally in His Excellency's hands proves that he and his Parliament had wisely guarded the State against two contingencies: First, In case the privilege of examination was abused (as it undoubtedly was, and in the rivalry for quantity rather than quality the boards issued many certificates to men wholly unqualified), then the Governor held in his own hand the remedy—the refusal of the license. Second, In case, in the development of the country and its institutions, any other system of examining and licensing students presented itself, calculated to give to the people of Ontario better qualified medical practitioners, then Parliament was at full liberty to adopt that system. It thus appears that the great "vested rights" cry, which has done such yeoman service for the privileged representatives of the Council, amounts to no more than their investment with a little brief authority to examine students, and the certificates they issued were dead and valueless, unless called into life and potency by the good pleasure of the Governor. The boards were simply the servants of Parliament for the time being, and whenever Parliament thought fit to employ other servants, or have this work for the people done in another and more efficient manner, it was at liberty to do so, without having any vested claims of former servants to consider. The Crown recognizes no absolute vested right. The moment any so called vested right conflicts with the public weal it ceases to be a vested right, and becomes a subject for remedial legislation. This is a principle observed, and in practice followed, by all well-governed countries. Take, if you please, two or three illustrations from the statutes of our own Province: Two decades ago Parliament enacted that the unit of population for which a liquor license might issue was 400, and in some localities hotels were erected and equipped at great cost for the full number; last session our legislators, impressed with the conviction that the best interests of the people demanded a material reduction in the number of licenses, increased the unit to 600, thus cutting off 30 per cent. of the licenses. Did Parliament make any provision for the so-called vested rights wiped out of existence by the Act? None

whatever. A third of a century ago the medical men practising in this Province had complied with all the demands of the law and received their licenses from His Excellency the Governor of Canada ; they thought that in these licenses they held inviolable vested rights, but Parliament, in 1865, passed an Act practically annulling the licenses, and demanding other qualifications, to wit, registration and the payment of a fee of ten dollars. This was done because the public interest demanded that the people might have some standard by which they could distinguish the properly qualified practitioner from quacks and impostors.

Again I remind you of the fact that university degrees in Arts, which were at one time legal authorization to become high school masters and teachers, are no longer so regarded. Graduates have now to undergo an extended course of instruction in the Ontario Normal College before they are held qualified to legally practise their teaching art. Yet the universities have not rebelled against their degrees being thus degraded in legal and practical value. Why? Simply because they well know that the right of giving or withholding charters, or of amending them, or of abrogating them, or fixing or altering the potency of their degrees in the interest of the community, is inherent in the Legislature, and paramount to all demands for lost privileges or so-called vested rights.

Let me mention one more instance—a perfect parallel to the case under discussion. At one time Parliament established County Boards with power to examine candidates and give certificates as common or public school teachers, but a better day for education came and Parliament again enacted that all candidates for the profession of teaching should come to one common standard curriculum and be examined under the guidance and supervision of one central authority, and the old boards passed out of existence without a murmur by the fiat of those who created them. And this is precisely what occurred in connection with our own profession in 1869.

But I give positive proof that the privileged claim, as based upon so-called vested rights, is contrary to fact. The first Medical Council was created in 1865, and upon this Council each university, college and medical school was given a representative, whilst those institutions still continued to exercise their functions as examining boards until 1869. How absurd then to ask us to believe that the privileged representation was granted in place of the surrendered powers, whereas the fact is they had the representation four years before the “surrender” was accomplished. There is still another proof of the correctness of my contention to be found in the Acts of 1865 and

1869. Both of these Acts made provision that "any university, college or body hereafter authorized to grant degrees in medicine and surgery," and having a medical faculty, should have representation on the Council. This provision then made for non-existent bodies, in my judgment, affords complete and unanswerable proof that the idea of compromise, or barter, played no part in the original negotiations of the so-called contracting parties. On the contrary, these arguments are of modern invention and have been called into existence to defend a defenceless family-compact which for three decades and more has ruled over the profession.

I now come to the second argument assigned for this anomalous representation. It is claimed that the representation was the result of a bargain, a compact entered into between the contracting and interested parties. The parties affected by the compact, apart from the public, were the various educational institutions, the homœopaths, eclectics and allopaths, the first three representing less than 200 medical men, and the last, or general profession, about 2,000. A glance at these figures shows that the general profession represents ten times the numerical strength of the privileged classes all told. Now one would naturally think that if justice had aught to do with the compact the general profession, 2,000 strong, would have a large representation on the Council. But we are more than surprised to find the privileged 200 represented by nineteen members and the 2,000 by only twelve, and we naturally seek a reason or excuse for this travesty of justice.

The reason is found in the indisputable fact that the general profession was no party to the compact. I boldly and fearlessly assert that the general profession was not consulted concerning the composition of the Council. I challenge any of the privileged representatives or their supporters to produce the proof that outside of themselves and those interested in the universities and schools two score of the 2,000 can be found who gave their adhesion to the compact. The fact is that the general profession was ignored in the negotiations, and is therefore in no way bound by the conclusions. It is beyond dispute, as indicated by a recent address delivered before this Association, that the school men, the eclectics and the homœopaths agreed together to give to each university, college and medical school one representative, to the eclectics five, the homœopaths five, and to the 2,000 of the general profession they gave as a matter of grace a dozen representatives who were to watch the other contending factions and hold the balance of power between them. It is monstrous to suppose, that had the voice of the profession been heard in the

formation of the compact, a result would have been reached so utterly at variance with justice.

But I offer still further proof of my contention. Let me remind you that the Ontario Legislature in 1893 added five territorial representatives to the Council. The passage of this Act clearly indicated that the opinion of Parliament was either that there was no compact, or if there was a compact it was so unjust and unfair that the duty of the people's representatives was to break it and they did so.

I ask you for a moment to look more closely at the component elements of the Council as it is at present constituted. There are sixty homœopaths in this Province, and each twelve of these send one member to the Council. There are 2,400 or 2,500 of the general profession, and each 145 of these send one member to the Council. In other words, every homœopath in Ontario has twelve times the voice that an allopath has in the government of the profession. Again, ten or a dozen members of a medical professorial staff elect a representative to the Council, and thus each professor has twelve or fourteen times the power of his comrades outside the privileged circle. And worse still, these same professors, after electing their man, enter the arena of the territorial contest, in the division where they reside, and canvass and vote for a territorial candidate, thus exercising a double franchise. Is this fair? Is this just? Is this condition of affairs tolerable? Can any of you gentlemen stand side by side with a privileged professor or homœopath and assert your manhood whilst apathetically allowing him twelve times the power in the government of the profession you possess? I cannot conceive it possible for such an anomalous system of government to continue—a system alike at variance with justice and the spirit of the age in which we live.

It is an axiom that there is no wrong without its remedy. The remedy in this case is that family-compactism shall cease; that privileged representation must come to an end; that homœopaths, like their friends the eclectics, should merge into the general profession where they will not only receive justice but generous treatment at the hands of their generous comrades; that the disability of being territorial candidates be removed from our professors; that for the sake of increased efficiency and economy the Council should be reduced to less than one-half its present numerical strength; and above all, that every member of the Council shall be elected by a united profession. Upon no other foundation than this can peace, harmony and solidarity be secured to the College of Physicians and Surgeons of Ontario.

We are, however, very gravely and seriously informed that if this demand for self-government be enforced and crystallized into law, then the school men and homœopaths will enter into an alliance and secure legislation to obliterate the Council and have their ancient privileges restored. Let me remind these gentlemen that the ear of Parliament can be reached only through the avenue of justice and the public weal. Is it just that a professor or a homœopath should have twelve voices in the government of the profession where a general practitioner has but one? If so, then go to Parliament. Is it consonant with the public well-being, or in harmony with the spirit of the age in which we live, that the boon of self-government should be withheld from a learned and beneficent profession? If so, then go to Parliament. On the contrary, if these questions demand, as they certainly do, a negative answer, then will this alliance find out to its chagrin the futility of any attempt to destroy a Council which, with all its faults, has done much for the profession and more for the public, and the public through their representatives will be slow to tolerate any infringement of the Medical Act by privileged and selfish hands.

HUMBUGGING IN MEDICINE.—It is a very sad commentary on the practice of medicine that humbugging is almost a necessity, and the honest physician, that is, the physician who takes the patient into his confidence, soon finds himself without that patient. As a man once said to his doctor: "Doctor, my wife thinks she has some trouble with her lung, and if you do not humor her some one else will." The trouble is that if a physician says honestly to a patient that she is well and needs no medical attention, she straightway writes him down for a fool and sends for some one else. This one may be just as honest as the poor fellow who was dismissed, but he holds his tongue where the other one talked and "looks wise, feels foolish and says nothing." Patients always like to think their physician is above them in knowledge, and when that familiarity which is said to breed contempt is once established between doctor and patient, obedience and respect are lost. The patient need not understand all that is done, nor need the nature or proposed effect of the medicine given be revealed. Indeed the truly honest man can do his patient justice and himself credit by explaining nothing and using his best efforts to effect a cure or an improvement. The public knows too much of medicine as it is, and this smattering should not be encouraged by any confidence of the physician. One can be honest and also discreet.

—*Maryland Medical Journal*

Hystero-Epilepsy.*

By DR. J. E. FORFAR, Toronto.

AMONGST the many difficulties confronting the general practitioner in medicine and surgery, there are probably few of greater importance or more perplexing to him than those connected with the differentiation and successful treatment of some of the cerebro-nervous affections by which gynæcological complaints are almost inseparably associated or more or less either directly or indirectly complicated or counterfeited. Among such I would particularly mention that of hystero epilepsy.

Thos. More Madden, of Dublin, says: "Foremost among the sympathetic or symptomatic neuroses are the neurasthenic affections so frequently associated with catamenial disturbances, more particularly about the epochs of the inception and termination of menstrual vitality and directly consequent on the complex structural and functional changes then in process in the reproductive system." This I would emphatically endorse as being true in hysteria as under the guise of nearly every complaint that may affect a girl at the age of puberty, whether the trouble be spinal, cardiac, pulmonary or uterine, and more especially if it takes the shape of any of those obscure forms of disease such as hystero-epilepsy and other neuroses which are common at that age and for which no physical cause is apparent or discernible.

We should be extremely cautious with regard to the graver error of ignoring or misinterpreting the evidences of actual physical disease in any patient, however hysterical she may be. The hysterical patient should never be slighted or considered as undeserving of medical attention, as the most trivial hysterical paroxysm if ignored may eventually end in one of the gravest forms of cerebro-nervous disease, viz., epilepsy or insanity.

Hystero-epilepsy, or epileptiform hysteria, is a disease or nervous condition in which ideas control the body and produce morbid changes which are attended with epileptiform convulsions. It is therefore symptomatically, in some aspects, a combination of hysteria and epilepsy, or graver form of hysteria. In some cases the convulsive seizures are apparently undistinguishable from ordinary epileptiform convulsions. It is in such cases the diagnostician's skill is

* Read at meeting of Toronto Medical Society.

sometimes taxed to the utmost, and until he applies Charcot's unfailing test (that of taking the temperature) it is very difficult for him to arrive at a definite and satisfactory diagnosis of his case.

In differentiating hystero-epilepsy from other gynæcological complaints, note the general aspect and condition of the patient, her increased susceptibility, mental excitability and irritability of temper, perverted or altered moral disposition, diminution of inhibitory nerve force, impairment of volition and mental disturbances, the possibility of menstrual difficulties, mental delusions connected with hystero-epilepsy. Of the latter, Thos. More Madden speaks as follows: "Of the hysterical symptoms which commonly usher in epileptiform disease, probably the most universal are delusions on the subject of health, unjust complaints, recriminations without foundation and decided sexual tendencies, inasmuch that illusions from epilepsy in gynæcological practice may become of serious medico-legal interest."

PATHOLOGY AND ETIOLOGY.

Hystero-epilepsy is a complex morbid condition which is hard to describe. It belongs to the nervous disorders, but its exact seat cannot be definitely located, though probably the brain is the most disturbed centre. No characteristic pathological change has been discovered, but there is probably some nutritive derangement of the entire nervous system.

It is claimed by Charcot that sclerosis of the lateral columns of the spinal cord was found in long-continued cases of hysterical contractions. Others claim to have discovered in a few exceptional cases grosser lesions of the brain and spinal cord of various kinds. That some alterations in the nature of the nervous system must be at the foundation of its altered function cannot be doubted, so that it is quite possible that the microscope scientifically manipulated by a Cavan, an Anderson, a Wright or a MacCallum may at some future time give us information concerning the nature of this condition.

Etiology. Hystero-epilepsy is infinitely more common in females from fifteen to thirty-five years of age.

Out of 268 cases, Amann observed that 16 occurred at the age of between eight and fifteen years; 62 between fifteen and twenty five years; 92 between twenty five and thirty five years; 81 between thirty-five and forty-five years; 12 between forty five and fifty years, 5 between fifty-five and seventy years.

Out of 351 cases, Landouzy observed 105 between fifteen and twenty years.

Out of 426 cases, Briquet observed 140 between fifteen and twenty years.

Young girls, old-maids, widows and childless married women are the most frequent subjects of the complaint. Hysterical fits are much more common about the menstrual period and may be due to malpositions of the uterus, undue sexual excitement, venereal excess or disordered menses, such as amenorrhœa, dysmenorrhœa, menorrhagia or ovarian hyperæsthesia.

Hystero-epilepsy in some instances is distinctively traceable to some digestive disturbance, especially that of long-continued constipation; the mode of living and general habits in young girls aid materially in its production, such as indolent and luxurious habits, over-petting and spoiling, subjection to the petty worries of fashionable life, cramming for examinations, keeping late hours or reading trashy novels, long-continued anxiety and grief, disappointed affection, bad feeding and improper hygienic surroundings, or some sudden emotional disturbance or fright, to a person possessing an irritable and feeble nervous system.

Nationality is a potent factor in hystero-epilepsy. For instance, the severer forms of hystero-epilepsy are decidedly more frequent in France than in Germany, and the Jewish race are particularly subject to the disease. "Sometimes there is a peculiar reaction implanted in the system from birth, at others it is caused by an abnormal quality of the nutritive fluid; again it is the consequence of irritants which operate through the sensory nerves on the sensory organs, or finally it results from the so-called psychical stimuli (Jolly)." Briquet says or writes that out of 1,000 cases only 50 were males, and out of 204 cases only 11 were men—showing that hysteria occurs twenty times in the female sex to once in the male sex.

Hystero-epilepsy may be produced or arise from the following: (1) Congenital peculiarities, (2) acquired conditions, (3) hereditary liability.

Briquet obtained particulars concerning the parents, brothers and sisters of 351 hysterical persons, and found that of these (in all numbering 1,103) 214 suffered from hysteria, and 58 from other diseases of the nervous system, and further states that of hysterical women who bear daughters rather more than the half transmit the disease to one or more of these, and again rather more than half of the daughters of the latter (*i.e.*, granddaughters) also become hysterical. In all, then, rather more than one-fourth part of the female descendants of the hysterical suffer in their turn from hysteria. Primary anæmia progresses almost as a rule to hysterical symptoms. Persistent mental emotions, especially those of a depressing nature, have a tendency to develop or aggravate the hysterical condition.

SYMPTOMS.

(1) Increased psychical irritability and peevishness with which hyperæsthesias and conditions of excitement in the region of the different and exaggerated reflex phenomena are associated.

(2) Anæsthésias, paralyses and contractions.

(3) Disorders of sensibility.

Hyperæsthesia is a predominating symptom which may be purely psychical. The patient is annoyed by visionary hallucinations and by an excited sense of hearing. The sense of taste is abnormal, hence the craving for chalk, coal, etc. The sense of smell is deranged, hence the decided inclination for such repellant odors as assafoetida, etc. Some have a hyperæsthetic sense of touch and temperature. Pains in the skin assume the character of neuralgia. Headache is seldom absent in the hystero-epileptic, especially that known as "clavis hystericus"—a boring pain on the top of the head. Hyperæsthesia of the mucous membrane of the larynx is sometimes so powerfully developed that any current of air somewhat colder than usual or slight admixture of dust in the air inhaled produces severe pain and attacks of coughing. Pains and abnormal sensations occur in the region of the throat (globus hystericus); painful affections in the region of the mammary gland simulates neuralgia, etc.; an excited condition of the nerves of the heart simulates angina pectoris; the region of the abdomen becomes at times so hyperæsthetic that the slightest pressure on examination causes the greatest pain (apparently); some hysterical patients continually have a feeling of a foreign body in the stomach, and simple cardialgias are of frequent occurrence, which, when taken with the persistent vomiting likewise often present, may lead to the erroneous diagnosis of round ulcer of the stomach. Attention is frequently drawn to painful affections of the bladder and urethra.

The back of an hysterical patient is the seat of frequent pains, spontaneous and produced by pressure on the vertebre and their surroundings, and, according to Brodie, the hip and knee joints are the joints most frequently affected—especially in women in the higher classes of society, of which he says four-fifths suffer from hysteria and nothing else. Some patients aver that they distinctly feel the womb pass upward to the stomach and then arrive at the throat, a declaration which has constituted the oldest theory of hysteria. Many are seized with spasmodic movements in the organs of respiration—singultus, convulsive laughter and weeping. Changes in the power and frequency of the heart's action are met with in the

hysterical, thereby weakening its action sufficient to account for the fainting fits of the hysterical patient.

In the more severe attacks of hystero-epilepsy, consciousness is completely lost; the convulsions have alternately a tonic and clonic character; the respiration is extremely slow and stertorous; opisthotonos is frequently present; the teeth are firmly set on clothing or bedding, etc.; the patient sometimes froths at the mouth and remains perfectly rigid for five or ten minutes; the thumbs are turned into or flexed upon the palms of the hands and clenched firmly with the fingers; the patient moans before going into a fit and complains of headache when she comes out of it; the countenance becomes distorted and presents a deadly palor; delirium and hallucinations often follow a fit.

DIFFERENTIAL DIAGNOSIS OF HYSTERO-EPILEPSY.

<i>In Hystero.</i>	<i>In Epilepsy.</i>
1. There is partial unconsciousness.	Complete
2. Globus hystericus.	Aura epileptica.
3. Convulsions are uniform.	One sided.
4. Face flushed.	Face livid.
5. Paroxysm long.	Paroxysm short.
6. Paroxysm followed by wakefulness.	Paroxysm followed by deep sleep.
7. Generally during day.	During night.
8. Glottis is open.	Glottis closed.
9. Eyes closed.	Eyes half open, balls rolling.
10. No fever.	Elevated temperature.
11. Patient doesn't hurt herself.	Patient injures self.
12. Cause emotional.	None.
13. Onset is gradual.	Sudden.
14. Patient screams during course.	At onset only.
15. Micturition, seldom ever.	Frequent.
16. Talking frequently.	Never.
17. Termination induced by water applied.	Spontaneous.

PROGNOSIS.

Generally favorable in hystero-epilepsy, but may result in exceptional cases seriously.

THE ATTACK.

First or Epileptoid Period—

- (a) Premonitory symptoms: (1) Tremor; (2) pupils contracted; (3) rapid winking of eyelids; (4) rapid respiration.

- (b) Convulsions characterized by (1) pupils dilated ; (2) face pale first, congested later ; (3) loss of consciousness ; (4) slow bending of the body and twisting of the head ; (5) Distortion of the features ; (6) pronation of the hands ; (7) Adduction and slow movements of the legs ; (8) inversion and eversion of feet.
- (c) Stage of secondary rigidity : The patient lies in a fixed attitude.
- (d) Stage of clonic convulsions : (1) Partial or general—*partial*, when confined to one limb ; *general*, when epileptic attack occurs.
- (e) Stage of recovery : (1) Stertorous breathing ; (2) frothing at the mouth ; (3) stupor.

Second or Contortion Period—

- (1) Incomplete loss of consciousness ; (2) extreme opisthotonos ; (3) piercing shrieks ; (4) forcible and rapid movements of the limbs ; (5) striking of the body ; (6) tearing of clothing and hair ; (7) no foaming at the mouth ; (8) Duration five to ten minutes.

Third Period (hallucinations)—

- (1) Abolition of general sensibility to touch, pain or temperature usually exists ; (2) the special senses may be in abeyance ; (3) various forms of hallucinations exist ; (4) the patient may answer questions unconsciously ; (5) eyes are still anæsthetic ; (6) eyes may be contracted or dilated.

Fourth Period (delirium) —

- (1) The patient gradually passes into this stage ; (2) pupils may be dilated ; (3) the patient wanders, laughs, weeps, or shows mental excitement in other ways ; (4) the patient frequently passes large quantities of urine.

TREATMENT.

1. Loosen tight clothing and secure fresh air, having placed the patient in the horizontal position. 2. If jaw is locked give enema of yolk of egg and ʒij of assafoetida in half pint of warm water. 3. If possible, fill the mouth of patient with common salt. 4. Bring head over the side of bed and drench with cold water. 5. Regulate the bowels by laxatives and enemas. 6. Do not draw off the water until compelled to, unless you want some practice passing the catheter. 7. Use Faradic battery when necessary for paralysis. 8. Do not deride your patient nor treat her as a malingerer. 9. Get patient

away from over-anxious, hyper sympathetic and over-assiduous parents and relatives, under the management of a firm, kind nurse who is capable of giving massage, sponging, etc. 10. For anæsthesia of parts use Faradic brush. 11. Attend to any uterine or ovarian disorder. 12. Give bromides (am. pot. and sod.), also spts. am. co., valerian and assafoetida. 13. Keep the patient on milk diet as much as possible. 14. Resort to hypnotism when practicable. 15. May use with discretion, chloroform, amyl nitrite, ammonia. 16. Interfere carefully with respiration by placing hand over mouth and nose. 17. Charcot makes pressure over ovarian region. 18. Order patient some useful and pleasant occupation for mind and body with a change of scene and surroundings. 19. Avoid alcoholic stimulants, improve the blood and digestion with tonics. 20. Increase menses by hot sitz baths, aloetic purgatives, preparations of iron, arsenic, hypophosphates, etc. 21. Avoid any strain of mind—worry, study, reading, etc. 22. No cases so much demand the exercise of the highest qualities of the physician as the treatment of the nervous and mental complications of organic disease or functional derangement of the female reproductive organization. In such instances the gynæcologist and neurologist must rise above a narrow specialism. He must deal with the local displacement or functional disorder of which hysterio-epilepsy may be the result.

THE SCIENTIFIC ASPECTS OF THE RECENT GLOVE FIGHT.—That distinguished exponent of the manly art of self-defence, Mr. Robert Fitzsimmons, would hardly feel complimented were he to read the remarks of the *Medical Press and Circular* upon the character of the blow by which he recently won the heavy-weight championship. "The deciding buffet," says our contemporary, "was evidently one administered over the celiac plexus, called a blow on the heart, really on the stomach. The referee described it as 'an underarm punch,' just below, and slightly to the right of the heart, which is, being interpreted, the pit of the stomach. By the laws of the ring, the blow is a fair one. By the rules of common humanity, however, it is a cowardly outrage little short of a deliberate attempt at assassination. The fatal nature of a severe blow to the network of visceral nerves, known as the celiac plexus, makes such 'punches' as those which finished Corbett among the most deadly that can be inflicted with the fist. By the way, what have the anti-vivisectionists to say to this brutality inflicted by man upon man?"—*Boston Medical and Surgical Journal*.

Society Reports.

Toronto Medical Society.

THE regular meeting of the Society was held in the Council buildings, April 22nd, 1897. President, Dr. W. J. Wilson, in the chair.

Diphtheritic Paralysis.—Dr. J. Hunter presented a boy who, from birth suffered from paralysis until the age of four, when he had an attack of diphtheria. His feet were turned in, his legs flexed on his abdomen, and deformed so that he could not walk. There was considerable rigidity of the muscles. The paralysis and deformity disappeared after the attack of diphtheria. The lad is now fairly well developed.

Gall-Stones.—Dr. W. J. Wilson reported the case of a man who was operated on for gall-stones one and a half years ago. A stone was found in the common duct, but was not removed. Four or five months after it came away through the bowels. It was half an inch in diameter. Since that time he has had several attacks of pain with jaundice and clayey motions. About a month ago the gall-bladder became distended. Dr. Wilson injected a little cocaine in the site of the old incision and opened up the gall bladder. A considerable collection of mucus and bile, with thirteen stones, was discharged. Since then injections of boracic acid solution are being used, and the wound kept open.

Nasal Polypus.—Dr. Price-Brown presented a nasal polypus which he had removed from a girl aged seven. He gave a history of the case and described its removal. He also presented a piece of necrosed bone he had removed through the anterior nares of a patient who suffered from congenital syphilis.

Carcinoma of Breast. Dr. W. Oldright presented a carcinoma of the breast. The patient had noticed the tumor for some eighteen months in the right breast. One lymphatic could be felt. A smaller lump could be felt in the left breast, and also a lymphatic on that side. A small portion of the growth was removed and examined. The microscopic appearance was such as to lead to operation. This was done because the symptoms were not marked. The doctor then described in detail the technique of the operation he did, which was that of Halstead.

Chancre of Nipple.—Dr. Webster reported a case of chancre of the nipple of a woman who had contracted the disease from her child.

Toronto Clinical Society.

THE regular meeting of the Clinical Society was held on the 12th ult. President Allen Baines occupied the chair. Dr. Harold Parsons was elected a Fellow of the Society.

Primary Carcinoma of the Gall-Bladder.—A specimen of cancer of the gall-bladder was presented. Dr. J. A. Temple gave a brief clinical history of the case. The patient was a woman, aged 65, who had always been healthy. Four of her immediate relatives had died of cancer. The tumor was found on the right side a little below the liver. It was freely movable, and smooth in outline. There was no history of gall-stones nor jaundice. The tumor could be pushed back into the line of the kidney, and there was a clear marked line of tympany separating it from the liver. So it was thought to be a tumor connected with the kidney. Dr. Cameron, who saw the case, had concurred in this diagnosis. Coeliotomy revealed the true nature of the case—a cancer of the gall-bladder. The patient lived twelve days after the operation, simply sinking from rapid growth of the disease.

Dr. H. B. Anderson reported on the principal post-mortem features of the disease. A large mass was found over the site of the gall-bladder. It was soft, almost brain-like in consistence. In the centre of the mass was a large number of gall-stones. There were several secondary growths throughout the liver; these would break down on the slightest pressure. The growth had all the characteristics of an encephaloid cancer. Cases of primary cancer of the gall-bladder were nearly always associated with gall-stones.

In reply to a question, Dr. Temple said the history of the case only extended over six weeks.

Dr. Strange thought the cancer was responsible for the gall-stones, instead of vice versa.

Hæmorrhagic Pancreatitis.—Dr. E. B. Shuttleworth reported on a post-mortem he had made in a case of the above disease. The patient was a very fat man, weighing probably two hundred and fifty pounds, who had taken ill three weeks before his death with symptoms of diarrhoea and vomiting. He became delirious. He thought people were persecuting him. A doctor was called who ordered a sedative mixture. The patient died very suddenly from symptoms of collapse. The most noticeable thing on opening the peritoneal cavity was that the fat was studded with small white growths. The

pleen was congested. The pancreas was enlarged and dark in color, almost black.

Dr. Anderson said that the specimen shown showed a typical case of hæmorrhagic pancreatitis with disseminated fat necrosis. In cases of pancreatitis fat necrosis was a common accompaniment. One observer had attributed fat necrosis to disturbance in the normal secretion of the pancreas. Hildebrand, to ascertain the relation between these two conditions, had put a ligature around the splenic end of the pancreas to prevent the escape of the secretion, and found disseminated fat necrosis followed. Afterward he not only put a ligature around the pancreas but also around the vessels so as to prevent the return of the secretion: disseminated fat necrosis followed. Another investigator had injected pancreatin into the peritoneal cavity of animals, and found that fat necrosis followed. Hildebrand had sutured a piece of pancreas to the omentum of a cat and got the same result. He injected trypsin into the peritoneal cavity but found that it did not produce the necrosis. So he had concluded that the necrosis was not the result of the action of the ordinary digestive ferments of the pancreas. Stockton had reported two cases in which there was marked disseminated fat necrosis, where the affection of the pancreas was slight. This observer thought the condition of the pancreas was secondary to the fat necrosis. Osler says that such cases usually occur in alcoholics and that there is no necessary relationship between the two conditions. One case he had reported had been operated on for intestinal obstruction. The patient afterwards recovered. The youngest patient, in whom this condition had been found, was one under the care of Dr. McPhedran — a boy aged nine months, who had died from the disease. The patient had had symptoms of intussusception, and had been operated on for its relief. Post-mortem the pancreatic disease had been noted. Constipation was usually a marked symptom.

Dr. Peters, who had operated on the case last referred to, said he was under the impression diarrhoea was one of the prominent symptoms. The child had suffered intense pain. There was no tumor.

Tubercular Kidney. — Dr. F. Strange reported the history of a case. The patient was a woman aged thirty with a good family history. She had always been in good health, except that for the past three or four years she had suffered from muscular rheumatism to some extent. The only symptom she had was a constant and distressing desire to urinate. The urine showed the presence of a few pus cells, and a corresponding amount of albumin. She failed rapidly. After some weeks an enlargement was noticed in the right renal region. On

consultation it was decided to remove the kidney. It was removed in the ordinary way by the lumbar incision. The patient died a few hours after the operation from shock.

Dr. Primrose gave the post-mortem report. The kidney was very friable. The tubercles could be plainly seen on the surface. On section of the kidney one could see in the cortex and along the line of the tubules the tubercular process going on. The ureter was markedly fibrotic.

Dr. Bingham said that he had found the presence of blood in the urine a common symptom in these cases.

Dr. Garratt reported a case in which mental excitement would produce hæmorrhages from the kidney. Dr. Anderson had discovered the bacilli in the urine. Dr. Loomis, who had seen the case in 1892, had made a diagnosis of sub-acute Bright's disease.

Dr. Peters said that the thickened ureter remedied one of the thickened vas in tubercular disease of the testes. Dr. Beck had called attention to the symptom of frequent micturition as a marked symptom in tubercular disease of the kidney. An interesting feature in the case reported was the complete absence of any hereditary taint. This went to prove the infectiousness of the disease.

Dr. A. A. Macdonald reported a case in which the only sign was enlargement of the kidney. There was neither blood nor pus in the urine at first. After patient had been examined under chloroform the presence of both was detected. In this case there were no bladder symptoms. Subsequently the kidney was removed. There was no thickening of the ureter. A good recovery followed. In a few cases he had followed there was no hereditary tendency. The cystoscope was useful in enabling one to exclude disease of the bladder. The ureteral catheter might be of service in ascertaining the condition of the kidney.

Dr. Primrose spoke of the importance of using the guaiacum and ether test to ascertain if there was blood in the urine.

Endocarditis and Appendicitis.—Dr. G. Bingham reported the case of a man aged thirty-seven, who was taken suddenly ill after he had partaken of a hearty meal. He suffered great pain in the abdominal region. This was relieved by hot applications. When the patient presented himself to the doctor the temperature was 102°, pulse 120°. The general appearance was bad. The man was ordered to bed. An endocardial murmur could be heard. He suffered from nausea, and was very restless. Dr. Graham, who was called in consultation, advised that cultures be made of the blood. Before report was made death took place. The pneumococcus was found in large numbers in

the blood. On opening the abdomen the appendix was found containing a small amount of pus. It was not thickened, nor was it surrounded by any inflammatory adhesions. A nodule was found on the aortic valve.

Dr. Baines introduced Dr. A. A. Macdonald, the President-elect, who thanked the Society for appointing him as President for the coming year.

The Society then adjourned.

BACTERIURIA AS A CAUSE OF DIURNAL ENURESIS.—L. Nicolaysen (*Norsk Mag. f. Lægevidensk.*, October, 1896) reports eight cases of diurnal incontinence of urine in children varying from five to thirteen years of age. In four of these there was bacteriuria, the urine carefully removed giving rise to cultures of the bacillus coli; but whether the bacteriuria was due to an affection of the bladder, or was the expression of a slight irritation of the pelvis of the kidney from a concretion, was not clearly to be ascertained. The treatment recommended is the washing out of the bladder with a solution of nitrate of silver and the internal administration of salol or other antiseptic; but the bacteriuria may be very persistent.—*British Medical Journal*.

ADENOID VEGETATIONS AND THEIR BACILLI.—Gourc (*These de Paris*, No. 175, 1896-97), from examination of two hundred and thirteen cases, concludes that there is no bactericidal property in the secretion of the glands, and probably none in the nasal mucus. Latent lacunar encysted adenoiditis is a rarity. As regards the bacilli, twenty-five examinations disclosed none; thirty-seven streptococci, but never pure; sixty staphylococci, pure; and sixty-nine associated with other micro-organisms: other forms of cocci, forty-one pure and fifty-four associated; pneumococci, three; leptothrix buccalis, one pure and one associated; and a short bacillus not taking Gram's stain in one case. There was hypertrophy of the tonsils in seventeen cases; tuberculosis, collateral, in thirty; hereditary in eighteen and personal in seventeen, but Koch's bacillus was never detected in the vegetations. Metastatic angina and laryngitis no doubt depend on the above bacteria, and some cases of facial erysipelas may be explained by the streptococci. Contraction of the nose, acute arching of the palate, and dental deviations due to hereditary causes, rickets, scrofula, or lymphatism may accompany but are not results of adenoid growths. Operation should be complete, as remnants left do not atrophy.—*British Medical Journal*.

Editorials.

Medical Charity.

No excuse is necessary for bringing forward a subject which is to-day occupying the attention of advanced minds in the medical profession, and amongst charitable people throughout the civilized world. The compact aggregations of the masses, and the hard struggle for life and position make the battle with disease harder to-day (notwithstanding our improved scientific ways) both for the afflicted ones and for those who endeavor to alleviate their sufferings. In a young country such as this, where nature is so generous, we are touched but lightly by the troubles which in older and more thickly peopled places bear heavily upon those who are brought into this circle. Though evils exist here, and are making steady progress in the way of pauperizing our people, do not think that we advocate any abatement of charity: such is not the aim; but rather so to attract the attention of the medical and charitable public that the subject of "medical charity" may secure the widest discussion and such regulation as will do away with abuses and increase the benefit to all concerned in such laudable objects.

In order to enhance the value of our statements (from the *British Medical Journal*, March 20th, 1897, "Hospital Reform"), we make a small quotation from a memorial from the Hospital Reform Association to the Royal College of Physicians: "The memorial sets out that the present system of administering medical relief in the out-patient and casualty departments at most of the hospitals and infirmaries of the country is fraught with danger to the community at large, because demoralizing to those who receive it, and calculated to increase pauperism; unjust to the hospitals because their funds are wasted on undeserving objects; unjust to the medical staffs of the hospitals because they are overworked; injurious to sound clinical teaching because the out-patient departments are overcrowded; and unjust to the general body of practitioners because they are deprived of patients whose means would warrant the employment of private practitioners."

In the issue of the *Medical Record* dated New York, March 6th, 1897, is an able article by Walter B. Bronner, A B., M.D., on the dispensaries of New York City and their abuses, from which we abstract freely. He states that in the forty-four institutions named in

his report there were treated 707,058 patients during the year, who made about 2,026,360 visits, and for whom 1,039,632 prescriptions were filled. He calls attention to the fact that this is but a partial list, as it does not include private and special dispensaries. One of these institutions made it a matter of record that the per capita cost of treating over 23,000 patients was less than one-half cent. He can call to mind only one institution which gave the number of patients refused treatment because of their ability to pay. He was told that on a conservative estimate at least forty per cent. of those treated were able to pay a doctor. Attention is called to the fact that many are able to pay car fares to and from the dispensaries, and to wait a long time for advice, thereby losing time and pay for absence from work, and deluding themselves, for they are really expending more than it would cost to pay a private doctor. He blames the institutions themselves and the doctors for the evil, and claims that "the object for which most of our charitable works was founded, namely, the relief of the worthy sick poor, has been lost sight of, so that to-day all are admitted alike." He suggests as a remedy that all institutions inaugurate a thorough and systematic effort to separate the worthy from the unworthy, and gives an outline of a very feasible plan for such work, claiming that if it were followed out it would, amongst other things, minimize the baneful effects on the masses who are led into the temptation of accepting what is not lawfully theirs, it would substitute thrift for indolence, independence for dependence, honesty for dishonesty. And, lastly, it would make possible what is now for many New York physicians an impossibility, viz., a comfortable livelihood, derived from the "Simon pure" old fashioned "time honored private practice."

We would ask our readers to consider some of these questions as affecting the members of the medical profession here in Toronto and in other places in this country. Are not we drifting into the same sluggish stream? Are we doing what is best for the masses, for some of the less fortunate members of our profession, or for ourselves? Do we scrutinize closely enough into the condition and financial ability of the patients who apply at our dispensaries and hospitals for a share of the relief that is paid for out of the funds collected from us by taxes, and given by charitably disposed persons for the relief of the sick poor? Are we careful enough ourselves in the way in which we give our services to those presenting themselves at the various institutions for a share of our time? We trow not. We are too easy going, or in too much hurry, or the case may be a good one from a clinical point of view, and it would not do

for the individual member of the staff to miss it. We must not forget that when we treat free at a dispensary or in a hospital, a patient who is able to pay even a very moderate fee, we are depriving some fellow practitioner of the possibility of earning a portion of his livelihood, and doing our best to pauperize some member of the community. Even now many patients and their friends are under the impression that members of the medical staffs of our hospitals are paid handsomely, and that they have the right to the services of such members without giving to them any fee or reward, the only condition being that the patient is able to secure admission to a public hospital. If a city hospital is chosen, what is the result? The institution secures the Government grant, which now amounts to about thirty cents a day, and the city grant, which is forty cents a day, amounting to \$4.90 a week. The doctor, though he does not secure enough to pay a car fare, may become the proprietor of a law suit for heavy damages if the results of his efforts are not to the liking of his client.

There are many phases of the question of "medical charity" which might be touched upon, but perhaps enough has already been stated. The subject should receive more attention from medical men, not in any one-sided way, but from the broadest view, seeking to adopt such methods as will tend to the elevation not only of the people but also to the benefit of the medical profession.

There is still another phase of "medical charity" which should be touched upon, even at the risk of proving tedious beyond endurance, viz.: "Charity one to another." Are we always as careful in this respect as we ought to be? Do we ever "damn" a confrere by faint praise? Do we stand by one another as men ought to do, who are engaged in the same honorable calling, who face the same difficulties and dangers, and who are striving for the same high standing?

There is no profession or calling in which a man is compelled to put forth more energy, to show more patience and perseverance, or to exercise more self-restraint. It were well then that we should deal kindly one with another, and that we should so act that we would have the full confidence not only of the public, but also what is more valuable of one another. Then let us work together for the greatest good to the many, and in the strictest sense for "medical charity."

Very Hard, but True.

FOLLOWING along the lines of an able and appropriate editorial in the *Medical Record* for May 1st, we wish to say a word or two on the general condition of the medical profession. First of all, we agree thoroughly with our esteemed contemporary that there are far too many doctors. It is all very well to say that there is room at the top, but the vast majority have no hope of getting there. The bottom is packed to suffocation. To the entire medical profession, it is safe to say that the average income is not \$1,000 a year.

We further agree with the *Record* in stating that notwithstanding this state of affairs, the medical colleges are urging young men to enter the study of medicine. Of course, what the professors lose in income from the crowded condition of the profession they hope to make from the fees of students, and thus they keep on booming the colleges.

The whole tendency of medical practice is changing. A man can come to Toronto and pay \$2.80 a week to the General Hospital, or any other hospital, and secure board and lodging, medicines, and doctor, or a consultation of doctors. He has the perfect right to enter a ward at \$2.80 a week and enjoy the above privileges. This is cheaper than belonging to a lodge and having his club doctor.

The accident case is picked up from the street and rushed off to the hospital. Some hospital surgeon takes charge of the case, and the general practitioner is, of course, out. This condition of things is increasing so far as city centres are concerned. Medicine and surgery are now being carried on somewhat after the co-operative plan, and to a considerable extent by the many municipalities.

Further, no small amount of the knowledge pertaining to the healing art has become common property. People treat their own colds with quinine, phenacetin, or a cough mixture; their cases of anemia with Bland's pills, or beef, iron and wine; their rheumatism with some liniment, or salicylate of soda; their sores with some salve the druggist puts up for them; their gonorrhoea with some nostrum, and their syphilis with some specific advertised and sold broadcast. Constipation, headache, neuralgia, indigestion and many other complaints come under the same category, where the person afflicted and the druggist manage the business.

The remedy for this, and the only remedy, is fewer doctors. The study of medicine does not fit a man for any other calling. His time and money are wasted, if he does not keep on in practice. It

behooves every man who thinks of studying medicine to consider this fact. The time once was that if a man could not find something to do here, he could go out West, go to South Africa, or Australia, or East India; but all this is changed. The report comes from these countries that they are overstocked with medical men. F.

DR. ERNEST BRAND, who is so well known in connection with hydrotherapy in typhoid fever, died recently in Stettin, Germany, aged seventy years.

RETIRING ALLOWANCES.—We learn that, after five years' delay, the University authorities have made the first payment of twenty-five cents on the dollar to the claimants, Drs. W. W. Ogden, M. H. Aikins and J. Ferguson. Why these gentlemen should have ever been deprived of their allowances no honest man has ever been able to satisfactorily explain.

THE FIVE-YEAR TERM OF THE COUNCIL.—We understand there is an effort being put forth to induce the Medical Council to allow students now in their fourth year to pass their final this spring. This would be a waiving of the five-year rule, already established by the Council. A five-year course is none too long. There is no howling demand for a batch of young licentiates in medicine, and those now studying medicine came in under a well-known condition. It is quite clear that the Council should stand by its regulation and insist on the full five years. If the Council gives way now, it becomes harder in future to lay down any fixed rules.

Book Notices.

The Doctor's Window. Poems by the Doctor, for the Doctor, and about the Doctor. Edited by INA RUSSELLE WARREN.

We have just received a prospectus of this work. It gives the contents in part. Judging from these the work will be exceedingly interesting. The book will be printed on heavy linen paper and will be royal octavo in size. The type is to be large, open faced; the binding, library style, uncut and gilt top. About 250 pages. Price, \$2.50 in cloth and \$5.00 in full morocco. We would judge from the prospectus that very many would avail themselves of this opportunity of obtaining this collection of poems on the doctor. Orders should be sent to the publisher, Mr. Charles Wells Moulton, Buffalo, N.Y. A prospectus will be sent by the publisher to anyone requesting the same.

Obituary.

William Thomas Aikins, M.D., LL.D.

THE death of this able surgeon and greatly respected man occurred on the evening of the 24th of May. He was born in the county of Peel, in this Province, in 1827. He was educated at Victoria College, Cobourg, and received his medical training at Toronto School of Medicine and Jefferson Medical College, Philadelphia, graduating from the latter in 1850. The same year he commenced practice in Toronto, and acquired a reputation as a skilled and careful operator, and was soon recognized as one of the leading surgeons of Canada. He visited the hospitals of the Old World three times, in 1873, 1880 and 1882. As a teacher, he commenced his career in Rolph's School of Medicine in 1850. In 1856 he was appointed Lecturer in Surgery in the Toronto School of Medicine and retained the position until 1887, when, upon the resuscitation of the Medical Faculty of the University of Toronto, he was appointed Professor of Surgery and became Dean of the Faculty. Owing to failing health he was unable to lecture for the past two years, and was appointed an emeritus professor when the faculty was reconstructed last month. The following resolution was carried unanimously at a meeting of the Senate of Toronto University: "That Dr. W. T. Aikins be appointed an emeritus professor, and by reason of his valuable services rendered to the cause of medical education in the capacity of Dean for many years of the Toronto School of Medicine and of the Faculty of Medicine of this University, be entitled for the rest of his life to the full salary of a professor of the Medical Faculty of this University."

He took an active interest in the formation of the Ontario Medical Council, and acted as Treasurer of this body from the date of its organization. He held many positions as surgeon for organized charities, being surgeon to the Toronto General Hospital from 1850 to 1880, when he was placed on the consulting staff. He was also surgeon to the Central Prison, etc. As a surgeon and a teacher of surgery he was practical in the highest degree, careful in his methods and correct in his judgment.

The funeral took place on the 27th. An account appears in the *Globe* of May 28th: "Seldom has there been such a general and spontaneous expression of esteem and regard shown to the memory of the dead as was called forth by the funeral yesterday afternoon of the

late Dr. W. T. Aikins. Representative citizens in every walk of professional and mercantile life—the Church, the law and medicine, monetary institutions and commercial interests, all sent their most prominent representative men to testify to the appreciation of the life-work of the departed and to bear testimony to their personal acknowledgment of his professional skill, his unflinching integrity, his upright citizenship and his sterling Christian character.

“The preliminary services were held at the residence of Dr. H. Wilberforce Aikins, a son of the deceased, on the corner of Church street and Wilton avenue. Here the body lay in a simple casket, embowered in the fragrant floral offerings of many sorrowing friends, tributes which softened in no small degree the grief of the bereaved relatives, and here hundreds who had loved him in life took a last look at the familiar features, calm and reposeful in death. The services opened with a prayer by Rev. Dr. Withrow and reading of Scripture by Rev. James Allen. Rev. Chancellor Burwash spoke of the long, valued and honorable connection deceased had had with the educational work of the Province; how, starting his career under the late Dr. Ryerson half a century ago, and having completed his professional training in the best college then to be found on this continent, he had returned to Toronto, and been foremost in establishing a medical school here. From that day until a short time since, when sickness laid him aside, he had been unwearied in his labors for education, and especially for medical education. Toronto and Victoria Universities had conferred upon him the highest honors in their gift, and never had those honors been more unanimously and more worthily bestowed. Long would his memory be honored, the memory of one who was a leader in his profession and a teacher of unexcelled ability, marvellous fidelity in work, integrity of purpose and high moral ideas. He had left a record behind him which was a precious heritage to his children and to all who knew him.

“Rev. Dr. Potts, as the intimate friend and one-time pastor of the deceased, made brief reference to his Christian character. It was a generally-expressed sentiment, he said, that he was a good man. At such times as these honors and position counted for little; it was character which must stand the test. For many years Dr. Aikins had been a consistent member of the congregation of the Metropolitan Church; religiously, he was a modest man, but he was thorough, sincere and practical, never losing sight of his relationship to his Heavenly Father, whether in the hey-day of prosperity or in the dark days of sorrow and loss.

“Rev. Dr. Reynar offered the closing prayer, and the proceedings terminated with the benediction.

"The casket was then carried to the hearse, the pall-bearers representing the various institutions with which Dr. Aikins had been connected, being : Rev. Dr. Sutherland (for the Methodist Church) ; Dr. J. E. Graham, of the Senate of Toronto University ; Dr. William Britton, of the Medical Council ; Dr. R. A. Reeve, of the Medical Faculty of Toronto University ; Mr. Matthew Logan, of the Central Prison staff ; Mr. A. J. Mason, of the Metropolitan Church ; and Dr. William Oldright and Dr. U. Ogden, representing the city physicians.

"The mourners included four sons : Dr. H. Wilberforce Aikins, Fred. T. Aikins, H. Austin Aikins, of the Western Reserve University, Cleveland, and B. M. Aikins, barrister, Indianapolis ; three brothers, Hon. J. C. Aikins, Toronto ; Dr. M. H. Aikins, of Burnhamthorpe, and John Aikins, of Brampton ; nephews, Dr. W. H. B. Aikins and J. B. Holden ; also Messrs. W. C. Stratton, Sutherland, Owen and J. A. Austin."

There were many lovely floral tributes, pillows, wreaths, anchors, etc., from the sons, brothers, daughters, nieces and nephews, and dear friends, besides contributions from the Central Prison staff, Trustees of the Metropolitan Church, Toronto University, Trinity Medical College, and various institutions and bodies with which Dr. Aikins had been connected.

It would be impossible to give even a moiety of the names of those present at the obsequies, so largely was the opportunity taken advantage of to give expression to public sympathy and regard. Not only from the city, but from outside, were representative men present.

The University medical students attended in a body ; the professors were also present, and the Board of Regents of Victoria University adjourned their meeting in order to be present at the obsequies.

Highly respected throughout his long career, Dr. W. T. Aikins had indeed an honored burial.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Council—Dr. Sangster.

Relations of medical schools and school men in the Council to the elevation of educational standards, literary and professional—Universities may some of them have a sentimental predilection in favor of advanced standards, but are practically warped in the opposite direction by the medical schools with which they are affiliated—Educational and professional advancement in Ontario has been gained in spite of the persistent resistance of the schools—Proofs of the correctness of this averment cited—Council's debate on the report of its Educational Committee in 1892 reviewed—Dr. Bergin's pithy arraignment of the educational bodies as obstructive to all progress—Dr. Williams' salvo of blank cartridges—Unscrupulous denials and evasions—Attempts to differentiate between the enormity of a written and a spoken untruth—Wriggles and struggles in vain to rehabilitate himself—Stands before the profession to-day and henceforth, as a tricky and delusive debater, unworthy of all credence, so far as Council matters are concerned.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—In fulfilment of a promise to that effect, made in my letter to the REVIEW of last July, I will now, with your permission, proceed to discuss the origin and the effect of the changes, last year engineered by the schools, into the matriculation requirements of the Medical Council. And, as introductory thereto, it may be well to institute a brief inquiry into the real, as opposed to the professed, attitude of these bodies towards all and every attempt to elevate, or to strictly enforce, the published standard of premedical educational tests.

Until within the past few years, the prevalent opinion, among members of the College, was that the universities and medical schools of Ontario were the strenuous advocates and the vigilant custodians not only of an extended curriculum of professional studies, but also of strictly exacted and progressively increased matriculation essentials. There are to-day, comparatively speaking, but few medical men in the Province who still cling to any such antiquated notions. The hard and convincing logic of events has disillusioned all save those whose financial interests, or professional associations, or official alliances, stand in the way of their enlightenment. Universities, especially

those of a higher repute, have still, no doubt, a sentimental predilection in favor of the elevation of matriculation standards, but, at least in the matter of medical students, they are practically influenced in the opposite direction by the medical schools affiliated with them, which are naturally much more vitally concerned about the quantity, than with regard to the quality, of the annual influx of raw material. When, in this utilitarian age and continent, it clearly becomes a question of dollars-and-cents *versus* sentiment, the latter commonly goes to the wall. Every medical matriculant is worth some \$400, in the shape of fees for lectures, registrations, examinations, and diploma, to the institution which he elects to attend, or which succeeds in capturing him. As at least one of the medical schools admits that it has individually three hundred students, the annual income of each of these institutions may be set down at \$30,000; and even if we deduct 25 per cent. or 33 per cent. of this amount for current expenses, there remains an annual balance of from \$20,000 to \$22,500 for division among the professors. What chance has sentiment when faced with a yearly check for \$1,500 or \$1,800? And, so, whatever may be their private or individual opinions and aspirations in the matter, medical school professors and teachers, taken collectively, or in their corporate capacity, are opposed—consistently and strongly opposed—to all and every attempt to raise the standard of medical matriculation, and to the too stringent application of such educational tests as may be ostensibly in force. Their opposition is not frankly expressed. That would be impolitic. Nor is it, as a rule, openly and aggressively active. But it is none the less real on that account, and, perhaps, none the less effective. And the universities—even those from whom better things might have been expected—are either at one with their associate medical schools, or, at best, passive or non-assertive. Does anyone venture to dispute the truth of this averment? The whole history of medical education in Ontario confirms its correctness. Whatever advancement has been made during the last forty years in medical education here in Ontario has been gained by the force of public opinion, by the natural and inevitable evolution of professional sentiment, and by professional pressure, and in spite of the more or less determined resistance of the educational bodies. No one can closely look into the history of medical educational effort in this Province during the last four decades, without becoming convinced of the validity of this position. The Medical Council itself and the Central Board of Examiners were not, as is by many supposed, and by those most immediately concerned, vehemently asseverated—the outcome of any aspiration for better things on

the part of the educational bodies, but were simply wrung from their mutual jealousies and competition. And, but for these same jealousies, and this same business rivalry, there is not a medical corporation in the country which would not to-day gladly go back to the good old plan of forty years ago, when no one greatly concerned himself about either the literary or the professional attainments of medical men. In fact, even yet, when we too strongly demur at the educational resistance of these bodies, we are occasionally treated to childish and empty threats regarding the restoration of the old regime of homœopathic and eclectic and medical college boards, with all their multiplied educational scandals, and diplomas which, in effect, were not unfrequently purchased at \$100 per sheepskin. And, quite possibly, nothing has recently saved the Province from a disgraceful, though abortive, attempt to secure some such educational retrogression, save a very healthy conviction that no Government and no Legislature would dare to fly in the face of public opinion and degrade the public service by abolishing or crippling the efficiency of the Central Board of Examiners.

If any of your readers entertain doubts of the correctness of these statements, I commend to their careful perusal the Council discussion on the report of the Educational Committee, which they will find given on pp. 131-209 of the Announcement for 1891-92.

To those who read carefully, this discussion is pregnant with meaning, is, in fact, conclusive as to the hostile attitude uniformly taken by the schools and their representatives in the Council, towards all elevation of the educational standards. I have neither time nor space here to go into it fully as I would like to; I can only ask your readers to examine it critically and especially to note the following points:

1. The attempt to burke the committee's report altogether, and, failing in this, to defer its consideration for another year, which practically meant forever.

2. The fight, led by the school men, against raising the matriculation requirements, and their final success in not only resisting the attempt to elevate, but in materially degrading the then existing status.

3. The almost successful efforts of the appointees in Committee of the Whole, to throw out the clause instituting a five-years' course of professional study.

4. The determined repetition of that attempt when the report came up in Council for final adoption.

5. The significant and emphatic reproof of Dr. Bergin who, though only too deferential to the universities in many respects, was sound on the question of medical education. Speaking from the standpoint

of twenty years' experience in the Council, and unchallenged by any one of the whole body of appointees in whose presence he stood, Dr. Bergin proceeded to say, "I feel that we have too many medical schools, and I feel that all the opposition we have to attempts to advance the interests of the medical profession in this country comes from the schools, and if they desire it, and continue in this course, the result will be that the profession will, as one man, rise up and demand that the school men be excluded from this Council *because of their opposition to every advance in medical and preliminary education.*"

6. As an appropriate sequel to this debate, your readers may also examine with profit pp. 172-183 of the Announcement for 1892-93, whereon are detailed the school men's further onslaught on the matriculation standard then in existence, and their only too successful efforts, with the aid of their faithful henchmen, Dr. Williams and others, to still further degrade it.

Having thus, as a preliminary step, directed the attention of your readers to the persistent efforts of the schools to emasculate the curriculum and lower the standards of medical and premedical education prior to the election of the present council, I will, in my next letter, explain the *why* and the *how* of the degradation of the matriculation standard, last year engineered by them. The remainder of the space allotted to me in this month's REVIEW I desire, with your permission, to devote to your esteemed correspondent, Dr. Williams.

The plausible doctor has evidently a very poor opinion of the intelligence and discernment of the members of the College, or, in a letter addressed through you to them, he would not have attempted to *wriggle* out of the unenviable position he occupies, by a resort to the dishonest tactics he employs with so much effect in the Council chamber. He is less astute than I took him to be, or he would have known that mere bluff and bluster, bounce, bombast and buncombe, can no longer help him—that he now stands before the profession a discredited man, and that his customary artifices of perversion and evasion are but sorry expedients with which to seek rehabilitation.

The bulk of the doctor's last letter is a mere salvo of blank cartridges and calls for no reply. I do not propose to deal with his *wriggles*, seriatim. That, until he shows that he can on occasion tell the truth, would be dignifying them with more notice than they are worth. In fact, I would not venture to again obtrude this unsavory subject on the notice of your readers at all, but to vindicate my statement, which he impugns, that he has himself proved that his relations to truthfulness of statement and honesty of purpose are purely technical.

The official programme of the Ontario Medical Association for its

annual meeting for June 1st and 2nd, 1892, gives the list of papers to be read at that meeting. No. 3 in that list reads "Recent Medical Legislation and Its Effects, J. A. Williams, Ingersoll." He claims that he did not read it and that it was not published. His averment as to the former may or may not be true. I cannot say. His statement as to the latter point is untrue, or is at best a quibble. A synopsis of his paper or remarks was given to the press and published, and two or three days later, in a letter to the public press, I myself called attention to the gross misstatements it involved. He does not *now* attempt to deny that before the association he manipulated the Treasurer's Statement so as to show that the Council enjoyed a net annual income from its building of over \$500. He merely claims that he did not read a paper; he only *said a piece*, and said it without notes. This means simply that he memorized all but the first three paragraphs of the address he was to deliver in the Council *twelve days* later, and *said it* before the Association. Are we to understand that, in his opinion, an untruth falling from the tip of a practised tongue, is something less of a falsehood, and less reprehensible, than the same untruth flowing from the nib of a facile and unscrupulous pen?

His chief *wriggle*, however, lies in his vain attempt to evade the consequences of his unfortunate address as President of the Council. The whole of the last sentence but one, in his letter to the May REVIEW, is devoted to a characteristic effort to break the force of my exposure of his unhappy habits of untruthfulness and dishonesty in debate. If your readers will turn again to p. 120 of the Announcement for 1892-93, and refer to my letter in the March REVIEW, they will note that my strictures refer only to the first paragraph and the first half of the second paragraph given on that page. This involved only a statement, or rather a misstatement, of figures referring to the previous year, and correctly given in the Treasurer's Statement in the Announcement of 1891-92, which had been mailed to every member of the College, including Dr. Williams, at least six months before he either "said his piece" in the Association, or read or delivered his address in the Council. The last half of the second paragraph, and the whole of the third paragraph of his address on p. 120, is devoted to a forecast of the future, to which, notwithstanding its absurdity, I made no allusion, as, however much it involved his reputation for business capacity and common sense, it did not touch his character for veracity. He now attempts to mix up his misstatement of actualities, which I did discuss, with his ridiculous forecast of possibilities, to which I did not allude. And while even *he* dare not explicitly deny that he had the Treasurer's Statement in his possession,

because on the top of p. 120 of the Announcement he says, "I find I had mistaken the *Treasurer's Statement*," he ventures to insinuate that he "had no itemized Statement of the Treasurer *in his hands*"; that "no attempt was being made to give the exact figures" (a discrepancy of \$1,604.76 in an itemized account of only \$3,817.48 was certainly inexact); that "to give the exact figures was not practicable at the time"; that "it was a forecast only of what might have been expected"!!! Verily, sir, the position of your esteemed correspondent was sufficiently unenviable before, but by the perversions and evasions in his last letter he has made it, if possible, infinitely worse. And again I say—and I feel assured that every man in the profession who has taken the trouble to look into not merely my averments, but the evidence afforded by the two Announcements indicated will agree with me—that this occurrence serves to settle the question of your correspondent's credibility in Council affairs, and his honesty in public discussions, at once and forever; that Dr. Williams must clearly understand that his evidence on Council matters is ruled out of court, and that his mere *ipse dixit* thereon is, in future, worth less than the ink with which it is written.

When a man is caught in a quagmire, such as that in which the plausible representative of No. 2 now finds himself floundering,—to squirm and to struggle and to *wriggle*, as he is doing, only sinks him deeper and more hopelessly in the ooze. In these circumstances, all authorities are agreed that the best thing he can do is to throw himself flat on his back and *keep quiet*, in the hope that his friends may eventually come to his relief. If, as in this case, Dr. Williams' friends can do nothing material towards his extrication from the quicksands which threaten to overwhelm him, they can, at least, blush for him, and that he appears to be now incapable of doing for himself.

Yours, etc.,

Port Perry, May 26th, 1897.

JOHN H. SANGSTER

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW

SIR,—In your January and February numbers, Dr. Sangster is dealing with the Executive Committee of the Medical Council. Pursuing it with his usual vigor, he presents one side of the case, and seeks, and hopes, to leave the impression that there is no side other than his but

a dishonest one. We will look over some of his statements and see how they harmonize with the facts.

He intimates "the law says it shall consist of five members," and that it is a "practically irresponsible triarchy." We take exception to both of these statements. The law does not say it shall consist of five members, nor is it irresponsible. The law reads, page xvi., Section 14: "The Council shall appoint annually from among its members an 'Executive Committee,' to take cognizance of and action upon all such matters as may be delegated to it by the Council, or as may require immediate interference or attention between the adjournment of the Council and its next meeting; *and all such acts shall be valid only till the next ensuing meeting of the Council*; but the committee shall have no power to alter, repeal or suspend any by-law of the Council." (The italics in this quotation are ours.) This is the law on the subject. It bears out our statements. It does not say the Executive Committee shall consist of five members, nor does it say, nor insinuate, that it is irresponsible. On the contrary, its acts are "*valid only till the next ensuing meeting of the Council*." What does this imply? That its proceedings must come under the purview of the Council, who may confirm or reject, may approve or condemn, and may censure, in as strong terms as its acts justify. If this is irresponsibility, what would constitute responsibility? As a committee of the Legislature is responsible to that body, and they to the electorate, so the Executive Committee is responsible to the Council, and they to the profession.

The statute law and that of Dr. Sangster not harmonizing as to the numbers required on the Executive Committee, we will allow him to get his law from the Council regulations. A by-law was passed in 1889, one clause of which deals with this matter. Sub-section (g) reads, "Executive, consisting of three members." This would be perfectly plain were nothing more said, but when we pass to Section 10, it reads, "The President and Vice-President shall be *ex-officio* members of all committees of the Council, standing and special, except the Committee on Discipline." From these, together, the inference may be drawn that the Council intended there should be five members on the Executive Committee. Was this their intention? The regulation was made in 1889. The Council of that year, while their intention was fresh in mind, and of each succeeding year since, elected three, two of these being the President and Vice-President. This makes clear the intention of those making the regulation. This is supported by the fact that there is no clause rendering ineligible for election either of these officers. If elected, they hold their

positions by a dual qualification. Had there been any doubt as to this meeting the letter and the spirit of the regulation, as it was the Council's own enactment, how small a matter to have changed it into harmony with their views. The Committee was made small not from habit or oversight, but for a purpose.

There were two reasons which led to the small committee. They were, first, that the larger the more expensive when meetings were necessary; and second, the larger the more likely to assume powers not properly belonging to it. Outside of these two reasons, we do not know a member of the Council who would object to double the number. Are these objections well founded? The Council has had experience. Different numbers have been tried, from three to fifteen. The conclusions reached are that the smaller the number the more satisfactory.

We will examine this Committee, and see of how many members it was composed at different times, and the cost. We can then for ourselves judge as to the merits of arguments in favor of large *versus* small committees. The years are from June to June, or rather from one regular meeting of the Council to the next, hence embraces part of two years. We have not at hand the means of verifying the numbers on the Committee previously to 1871-72, and will omit to that date :

Year.	No. on Com- mittee.	Cost.	Year.	No. on Com- mittee.	Cost.
1866-67.....	..	Nothing	1881-82.....	3	Nothing
1867-68.....	..	"	1882-83.....	3	"
1868-69.....	..	"	1883-84.....	3	"
1869-70.....	..	\$227 21	1884-85.....	3	"
1870-71.....	..	51 70	1885-86.....	3	"
1871-72.....	10	89 95	1886-87.....	3	"
1872-73.....	10	Nothing	1887-88.....	3	\$306 70
1873-74.....	13	"	1888-89.....	3	194 00
1874-75.....	13	\$156 53	1889-90.....	3	6 00
1875-76.....	13	641 40	1890-91.....	3	Nothing
1876-77.....	13	377 75	1891-92.....	3	"
1877-78.....	13	534 30	1892-93.....	3	"
1878-79.....	15	638 70	1893-94.....	3	"
1879-80.....	5	Nothing	1894-95.....	3	"
1880-81.....	6	444 45	1895-96.....	3	\$78 08

In three years, 1887-88, 1888-89 and 1889-90, were the three during which the present Council building was being erected, hence the Committee, though consisting of only three members, were obliged to incur cost.

In looking over these items, all will see the action of the Council in reducing the number to three, which was done in 1882, was amply justified.

Dr. Sangster says that "in 1881 there were, it appears, six members on the Committee, yet that year it cost the Council nothing." In this he is in error. In the year 1880-81 there were six members on the Committee, but the cost, instead of being nothing, as he states, was \$444 45, and the following year, 1881-82, the cost was nothing, but there were only three members on the Committee.

Previously to the reduction in numbers the Committee usurped, to some considerable extent, the functions of the Council, one year going the length of changing the date of the examinations. This, too, was cured by reducing the numbers. From that time to the present there has been no just grounds for complaint. Members conversant with these particulars are reluctant to return to the larger committee.

What are the qualifications necessary to secure election to this Committee? Dr. Sangster tells us that "no territorial representative even suspected of being troubled with any special sense of loyalty to his constituents can attain to membership." Were this the qualification, there would be no more eligible man for election in the Council than Dr. Sangster himself, for while we have heard him accused of many things, it has never been of "any special sense of loyalty to his constituents." The doctor, however, is mistaken in the qualification required. There are thirty members in the Council, each one dependent upon the medical profession for his livelihood, for his status in society, for his business position, and for his future prospects. It is to them, then, a matter of vital importance that any person who can even remotely affect their professional interests shall command their confidence. These gentlemen are to elect those who, either in their capacity as an Executive Committee or from the presidential chair, may exert an influence that will enhance or jeopardize their status. What will they demand of those who receive their votes? Will it be sufficient that they are not "even suspected of being troubled with any special sense of loyalty to their constituents"? Certainly not. It must be those of whose integrity they have no suspicion; of whose honesty of purpose they have no doubt; in whose judgment they have confidence. Their man must be proved by time and association. They take no chances on men who practice kite-flying, or who make opposition their calling, regardless of how it may jeopardize their profession.

The party who call themselves the opposition seem to think this a

sufficient qualification that they, or some of them, should be elected to this committee. Two members have urged this plea. Is it reasonable that the Council should elect them? The work of the Council is done by a majority vote, not by a set number of persons. The vote may come from different persons on changing questions, each member having given his best thought and judgment to them. Here is a party who have banded themselves together to oppose this working majority. In carrying out their self-imposed task they find it necessary to vote in opposition to the prevailing conviction coming first from one set of men, then from another. Can it be thought, that this record in opposition to the judgment of the majority, will give confidence in their integrity, honesty of purpose, or judgment? And will those who believe they have exhibited none of these qualities willingly elect them—when such qualifications are a requisite—to positions where the vital interests of the profession may be jeopardized? It is not reasonable. These gentlemen of the opposition may become members of the Executive Committee and may fill the presidential chair, but they must first do something to earn the confidence of their professional brethren other than banding themselves together as an opposition.

A strong plea is made that with a committee enlarged to five, there should be three who are elected by the regular profession. The doctor says that "of the three members, two, the school man and the homeopath, neither owe nor profess to owe any allegiance to the medical electorate." Just why a man elected by the homeopaths does not owe an allegiance to the medical electorate, is not made clear. They are as much dependent upon the profession, and should be as much interested in it as others, even though their theory of dosage may be different. Nor is it made clear what interests they have that are at variance with those of the general practitioner. Neither is any hint given why ex-Professor Dr. Thorburn should have any less interest in the profession than ex-Professor Dr. Sangster. The former is a general practitioner in the city of Toronto, elected by his former colleagues, themselves general practitioners, who, when the Act was passed, were given a statutory right to elect a representative; the latter a general practitioner at Port Perry, elected by the practitioners of a division, who have a statutory right to elect a representative. Ex-Professor Sangster tells us he sees Council matters only "with an eye to the vital interests of the electorate," and he would make us believe ex-Professor Thorburn is recreant to professional interests. Yet, strange to say, only last year Dr. Thorburn was President of the Canadian Medical Association, the largest medical association in Canada, and elected by his fellow practitioners.

There is no definite understanding or agreement as to the occupants of the President's or Vice-President's chair, and consequently of whom the Executive Committee shall consist. The Council elect such as in their judgment are qualified for the positions. The result has not been to leave territorial representatives in the back-ground. In the last twenty-two years—I cannot say for the period before that—the President's chair was occupied fourteen times by a territorial man, four times by a school man, and four by a homœopath. The Vice-President's chair ten years by a territorial, seven by a school representative, and five by a homœopath. The territorials have had their share of elections to these positions, and had them on their merits, not on agreements. If the Executive Committee had been elected for all this time as at present, they would nearly always have had a controlling influence, which they could have used had there been any diversity of interest.

To make some semblance of a pretext for the plea urged, powers are ascribed to this Committee which it does not possess. Its powers are defined by the statute before quoted. Charges, too, are made against it of wrong-doing, which we are asked to infer would be discontinued were there an enlarged committee. Are these charges well founded? They certainly cannot be in so far as the last two years are concerned. There has been an active opposition led by Dr. Sangster, whose sole occupation is to discover flaws, and report them. These men have moved no resolution of condemnation or censure. Have they been asleep, or are we to infer that for this period the Executive has kept within reasonable bounds? We will allow Dr. Sangster to state the case. First, he says, "the Committee has habitually ignored or overridden the Council's published curriculum of requirements, and still does so, or did so at the close of last year;" and second, "What benefit is likely to accrue from the more stringent performance of duty by the Committee on Education, if . . . the Executive Committee is suffered to remain a back door of entrance through which the schools—who hold the key—can shovel into the profession *ad libitum* material not of a quality to bear inspection of any member of the Council outside of the 'Solid Phalanx.'" These quotations would seem to settle the matter, in so far as Dr. Sangster's evidence can settle it. The opposition were asleep. What better is the Council than when there was no such party? Would any person believe such things could go unchallenged by such vigilant watchers? Yet thus it seems, for Dr. Sangster says so, regardless of the fact that in so doing he is establishing his own recreancy to the interests of the profession.

But is it true? In the first quotation in opposition to the actions of the doctor and his party, who moved no resolution of condemnation or censure, is the direct statement of the doctor himself. Which speaks the louder? The old adage has it, "actions speak louder than words." This is unquestionably correct. The statement is without foundation. The doctor's unsupported assertion will not stand against his actions, when supported by his party of "Stalwarts."

The second quotation says nothing. It is not even a "half truth," yet it is teeming with the "*suggestio falsi*." It is intended to leave the impression that the schools, through the Executive Committee, shovel into the profession all they wish of unqualified men. Yet the writer was quite aware when he wrote it, that it could not be supported by facts; that it is without truth, hence an innuendo is used in place of a direct statement. Surely the case against the Executive Committee is not so weak that it must rely upon a fertile imagination for evidence, and upon innuendoes when direct proof would be more convincing. Let the doctor put up evidence from the transactions. If this course, on the part of the Committee, is "habitual," and continued up to last year, there need be no lack of cases.

In the February number, at page 62, another charge is made in very vigorous terms. It is that of a "daring and insolent usurpation, in 1895 and 1896, of one of the Council's most important and most cherished prerogatives—that of deciding whether there shall or shall not be a Fall examination—the Executive Committee is not covered by a single rag of excuse on the ground of right, or expediency, or usage, or necessity, nor had it any semblance of Council authorization for the unwarrantable act." This quotation makes clear how the animus in a man's mind may lead him to strong assertions and denunciations when there is no cause. The Executive Committee did nothing in this matter. It has no power to decide the question, and were it to write a resolution for the purpose, it would be waste paper. The Committee was not the authority under which the Fall examination was held, nor did it claim to be. Hence the vigorous denunciations of the doctor are thrown away. Well, who authorized the examinations? The Council. That body has a set of regulations, which will be found in the Annual Announcement, that *continue from year to year unless altered or amended by the Council*. It is customary, either in the report from the Education Committee or directly by the Council, to authorize the Registrar to make the necessary clerical alterations to bring them into harmony with the year, but *no changes are made in the regulations unless directly authorized by vote of the Council*. These regulations provide for Fall examinations. The Executive could not have hindered them had they so desired.

Dr. Sangster has been on the Education Committee for two years. Did he fail to grasp the method of doing business? Was he too dull to comprehend a matter of this kind? Those who can believe this, are welcome to the belief, if they can thereby relieve him of the cowardly and dishonest course of misrepresenting, and unjustly accusing a committee, that he may, with much assumed indignation, pour out his wrath upon them.

Another charge made is, that of withholding information from members of the Council. Those who are interested will get the gist of the charges on reading the Announcement for 1895-96 on pages 122-126.

It will be learned that Dr. Sangster wished the officers of the Council to bring down certain returns. That they, knowing they had no authority from the Council, their masters, so to do, applied to the Executive Committee. This Committee could not learn from the Act that it had any right to so order the officers, and declined to exceed its duty. Hence the very virulent charge of the doctor. In his remarks he endeavors to make what he requested appear as small as possible, and refers to it as "some information" he requested. Following the debate, however, we learn it was more formal "returns" he wished brought down.

When wishing a member of the opposition elected to the Executive Committee, on the ground that he is a member of the opposition, the doctor is anxious to follow British parliamentary practice. What is parliamentary practice with reference to "returns"? How would a member of the Legislature proceed? Would he simply write to the officials, and would they at once bring them down? Dr. Sangster knows, no one better, that he would be laughed at for his veridancy. The officials will make no move, nor will the Government, who have much more power than an Executive Committee, order them so to do. He must wait until he can make a motion and get the sanction of the Legislature, then, and not till then, will he get his returns. Were the Council to follow the loose course the doctor wishes, it is obvious grave abuses might, probably would, be the result. In but one case has the President taken it upon himself to order "returns." He apologized to the Council, and justified on the ground of urgency. His action was endorsed by the Council. In this case the doctor says, "the Executive Committee refused point blank; *they decided that no interest of any importance would be militated against by deferring that communication until the meeting of this Council.*" If, then, this was their deliberate judgment, who would condemn them for not exceeding their duty, and giving an order to have "returns" brought down?

All will agree that information in the ordinary way should be furnished by the officials to members of the profession as well as to members of the Council, and, to the credit of the officials, we wish to say that we have yet to learn of the first case, when information has been courteously requested, that it has not been cheerfully furnished.

The Executive changes from year to year. Its actions are governed by the judgment and discretion of its individual members, and cannot be expected to give universal satisfaction, as few, if any, organizations do; but that its course is dictated by, and in the main, is in the interest of the profession, is beyond controversy.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, May 25th, 1897.

Should the Medical Profession of Ontario be Self-Governed?

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—About the middle of April I received a communication from the Secretary of the Ontario Medical Association asking me to read a paper at the approaching meeting, to which I sent the following reply:

BOWMANVILLE, April 15th, 1897.

"*J. N. E. Brown, Esq.:*

"DEAR SIR,—Yours of the 12th, asking me to contribute a paper at the approaching meeting of the Ontario Medical Association, I received this morning. I would be glad to furnish a paper on 'Should the Medical Profession of Ontario be Self-governed?' The question is one of vital importance to the honor, the dignity and the solidarity of the profession, and might well and advantageously be discussed by the Provincial Association. For this course there is precedent, for Dr. Williams, of Ingersoll, some three or four years ago discussed Council matters before your Association. If agreeable to the Executive, I will be glad to prepare a paper on the above subject.

"Yours truly,

"J. W. McLAUGHLIN."

Not having received any answer to this for some weeks, I took it that "silence gave consent," and prepared the paper. A month after the first letter was received another came from the Secretary informing

me that the Committee on Papers, of whom Dr. Britton is chairman, declined my paper, without assigning any reasons. I replied, protesting that it was unfair to allow a one-sided presentation of the affairs of the Council to be placed before the Association, without also giving an opportunity for reply. The answer came that the committee would not alter its decision, and once more without assigning reasons.

It is under these circumstances that I ask your indulgence for the publication of the paper above referred to.

Yours truly,

J. W. McLAUGHLIN.

Bowmanville, May 26th, 1897.

Miscellaneous.

SANMETTO IN BRIGHT'S DISEASE.—Charles F. Reiff, M.D., of Free-mont, O., writing, says: "I prescribed Sanmetto in a case of advanced Bright's Disease. The patient became more comfortable, and since then has used several bottles of Sanmetto. In my opinion Sanmetto is the most efficient remedy for diseases of the genito-urinary organs, and I shall continue to prescribe the remedy."

A REMEDY IN NERVOUS DISORDERS WHEN CHARACTERIZED BY MELANCHOLIA.—The "Reference Book of Practical Therapeutics," by Frank P. Foster, M.D., editor of the *New York Medical Journal*, which has recently been issued by D. Appleton & Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol. . . . As an antipyretic it acts rather more slowly than antipyrin or acetanilid, but efficiently, and it has the advantage of being free, or almost free, from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."

The Better Known, The More Approved

The simplicity of the combination is not more important than the method of obtaining the laxative principles of Senna to combine with aromatic carminatives, pure white sugar, water, and a small quantity of the juice or soluble substance of figs, to form the family laxative manufactured by the California Fig Syrup Co., and known to the medical profession by the fanciful name : : :

Syrup of Figs

given to the preparation to distinguish it from all other laxatives. The high standing of the managers of the California Fig Syrup Co. with the medical profession, and its special facilities for manufacturing a perfect laxative, guarantee to physicians the excellence of this product. : : : : : : : : : :

It is never sold in bulk, but in original packages only, which retail at 50 cents per bottle. Physicians wishing to prescribe "Syrup of Figs" may prevent substitutes by having their patients note the name of the California Fig Syrup Co. on the package.

CALIFORNIA FIG SYRUP CO., San Francisco, Cal.; Louisville, Ky.; New York, N. Y.

LISTERINE. THE STANDARD ANTISEPTIC.

LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

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A valuable Renal Alternative and Anti-Lithic agent of marked service in the treatment of Cystitis, Gravel, Rheumatism, and diseases of the Uric Diathesis generally.

DESCRIPTIVE LITERATURE UPON APPLICATION.

LAMBERT PHARMACAL COMPANY, ST. LOUIS

THE CANADIAN MEDICAL REVIEW.

SUCCESSFUL DOCTORS.—Who has not asked himself the question why one doctor is more successful than another? Why one succeeds and the other fails? Why one mounts the top round of the ladder of success before the other has scarcely put his foot on the bottom step? Is it brains; is it money; is it social position; is it hard work and studious habits; is it push and gall, blunder and bluster—is it one or all or a combination of these that make the successful doctor? It is personality first, hard work second, and luck third. Under personality is comprised all that which is generally called character. The successful doctor must have that indescribable something which attracts and does not repel, which is sometimes called manner. He must be honest and truthful, above everything, with his patients. He must be affable, and able to accommodate himself to all kinds and manners of people. The word personality embraces all these characteristics and more, too; without it, his chances of success are remote and difficult; with it, he can even succeed with a minimum of brain. By hard work, everything is meant that pertains to the work connected with the practice of medicine; he who wishes to succeed must be studious, he must be persevering, exact and punctual. A young man just starting out is apt to think that his only salvation consists in an immediate appointment to a medical college or hospital position. Hard, steady persistent work in the office oftentimes accomplishes more in half the time than the drudgery of a minor college or hospital appointment. It is through his patients that his success is secured; the good he does them counts more in the long run than anything else. One patient cured brings two *to be cured*, and these again another batch, and so on, until, as the years roll by, he builds up a pyramid that is well-nigh indestructible. He must have a little luck, however, which consists in a fortunate arrangement of circumstances. His rich uncle may die in some far off clime and leave him money with which to buy a handsome turnout to impress the people; or he may step into some well-known man's shoes, and by his personality, hard work and ability succeed in holding a practice already built up for him; or he may marry for love and happen to get money and land on the top wave of prosperity and success, while his poor neighbor is still hunting the pebbles on the beach. With the right kind of personality, he can succeed without luck and very little work. With hard work, no personality, no luck, he may never see success. With luck, and without either of the other qualities, he may reach half way up the ladder. A successful combination would be three parts personality, two parts hard work and one part luck.—*The Clinical Chronicle*.

WYETH'S LIQUID MALT EXTRACT

Contains all the nutritive virtues of the best Malt Liquors, while it is free from the stimulating effect which invariably follows their administration.

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BISHOP'S COLLEGE, MONTREAL.

Under date Oct. 6th, 1896, says:

"I have for a number of years freely prescribed WYETH'S LIQUID MALT EXTRACT, and it always gives the results expected and desired."

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Demand
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Dr. A. R. GORDON,
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In a letter says:

"I write you regarding your LIQUID MALT EXTRACT, and congratulate you upon its merits, and may say that during the past year I have ordered in the neighborhood of 30 dozen of same, besides my prescriptions. Have been highly satisfied with its effects."

IT IS HIGHLY RECOMMENDED.

For Nursing Mothers During Lactation, Convalescing Patients,

Promotes Circulation in those who Suffer from Chills,

Is a Strength Giver to the Weak.

PRICE TO PHYSICIANS, \$3.50 PER DOZEN BOTTLES.

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Fellows' Hypophosphites.

(SYR. HYPOPHOS. COMP. FELLOWS.)

To the Medical Profession:

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

- 1st. Unique harmony of ingredients suitable to the requirements of diseased blood.
- 2nd. Slightly Alkaline reaction, rendering it acceptable to almost every stomach.
- 3rd. Its agreeable flavor and convenient form as a Syrup.
- 4th. Its harmlessness under prolonged use.
- 5th. Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food. It then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

THE CANADIAN MEDICAL REVIEW.

A QUESTION OF FRUIT.—Nurse—"I thought you would like to see the new baby. Isn't it awfully cunning and sweet?" Papa—"Beautiful! Lovely! It is a peach." Nurse—"Yes, sir; but aren't you glad it isn't a pear?"—*Medical Age*.

WHY?—From city and country alike comes the complaint of lack of professional business for physicians, for which there must be and are good reasons: The ratio of physicians to population in the United States has varied but little for more than half a century. During that period preventive medicine and sanitary science together have reduced sickness and mortality rates more than fifty per cent. The people live under more healthful conditions, and physicians know better how to treat diseases. Hundreds and thousands of lives are every year saved and prolonged through the application of improvements which have recently been made in the arts of medicine and surgery. The people have not only been placed in better sanitary conditions, but they have been taught by physicians how to care for themselves when suffering from minor ailments, and surgery has absolutely removed many causes of continuous ailments, so that altogether there is not a demand for one-half the amount of professional work that existed half a century ago. Physicians themselves have wrought this change. In large cities college clinics, dispensaries and hospitals gather in and care for thousands who formerly called in the local physician and paid him a small fee. These changed conditions in medical professional life must be recognized, accepted and lived up to. It is somewhat hard upon physicians, and necessitates a lessening of numbers in ratio with the population. Any one who desires to do so, and has a sufficient preliminary education, has a perfect right to begin a study of medicine, but the requirements for graduation must be made more and more difficult until there will be only one physician to twelve hundred people. Physicians themselves should be very slow about offering words of encouragement to young men and women to enter upon a study of medicine, showing them the required four long years of arduous study, and then of not less than four years of time before it will be possible to gain a living from practice, during which period they must live as though possessed of a small gold mine or an oil well. Eight years or more to a living should deter many strong hearts from beginning a course that involves labor, sacrifice and a large outlay of immediate cash. The prizes in medicine are extremely limited in size and few in number. Some are gilded, glittering baubles, and represent untold debts, hard work, sleepless nights and endless anxiety, while a very small number indeed stand for that which is real and enduring.—*Cincinnati Lancet-Clinic*.

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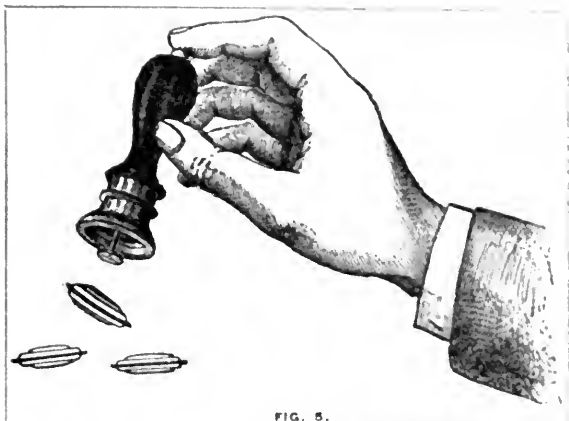


FIG. 5.

S. CHAPIREAU,

14 Rue de la Perle,
PARIS, FRANCE.

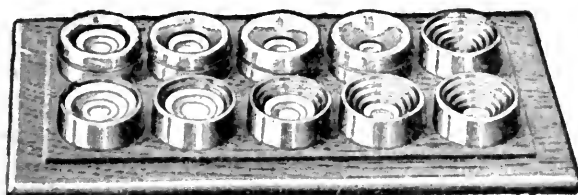


FIG. 1.

sists of a small cabinet, upon the underside of the lid of which are fastened 10 nickel-plated moulds (Fig. 1). The lower halves of the cachets are placed in these moulds, and "fillers" (Fig. 2) are slipped over the top to insure the even filling of the cachet. Graduated compressors (Fig. 3) are then applied to force the powder into the cachet.

Holders (Fig. 4) are used to pick up the upper part of the cachet, and for moistening and joining to the lower half. An automatic handle (Fig. 5) is used for handling the holders and ejecting the filled cachet. Fig. 6 is a water cup used for moistening the edges of the cachets.



FIG. 4.



FIG. 2.



FIG. 6.



FIG. 3.

No. 0



No. 1



No. 2



No. 2 *bis* Same size as No. 2, but a trifle deeper.

No. 3



Prices for Cachets "S. Chapireau."

- No. 0. \$1.25 per box of one thousand wafers or cachets (500 completed).
- No. 1. 1.25 per box of one thousand wafers or cachets (500 completed).
- No. 2. 1.35 per box of one thousand wafers or cachets (500 completed).
- No. 2 *bis* 1.35 per box of one thousand wafers or cachets (500 completed).
- No. 3. 1.50 per box of one thousand wafers or cachets (500 completed).

Ex Store Toronto. Under \$10, net 30 days or 4% cash 10 days. Over \$10, 30 days less 4% or cash less 4%.

Samples furnished on application.

Cacheteur, No. 1, having 12 moulds, \$10.50; No. 2, having 10 moulds, \$7.00; No. 3, having 6 moulds, \$5.00.

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Pepsin Cordial : One teaspoonful will completely digest 3000 grains of coagulated and disintegrated egg albumen. One fluidrachm will curdle 32 ounces of warm milk in a few minutes. A palatable and active preparation.

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Liquid Pancreatin : A concentrated preparation possessing all the digestive properties of the pancreatic fluid. Two fluidrachms will peptonize 16 fluidounces of milk in from one to one and a half hours at 110° F. A permanent preparation, admirably suited to various combinations.

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